



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg
Caring for Health *À l'écoute de notre santé*

**Support Services to Seniors
Education and Collaborative Planning Session
Friday, November 6th, 2015**

**Prepared by:
Support Services to Seniors Program
Winnipeg Regional Health Authority**

Table of Contents

Support Services to Seniors “Education and Collaborative Planning Report”

1. Summary
2. Background
3. 2015 Regional Accomplishments and Initiatives
4. Summary of Successes and Priorities
5. Performance Indicators

Appendices

Appendix 1 – Support Services to Seniors Planning Day Agenda and Objectives

Appendix 2 – Evaluation Results

Appendix 3 – Seniors and Healthy Aging Secretariat Presentation

Appendix 4 – What does Social Isolation mean to you discussion?

Appendix 5 – Social Isolation Presentation

Appendix 6 – Story Telling Social Engagement Initiatives

Appendix 7 – Story Telling Social Engagement Initiatives’ Group Discussion

Appendix 8 – Mental Health and Wellness Presentation

Appendix 9 – Support Services to Seniors Participant List

1. Summary

On Friday, November 6th, 2015 the Winnipeg Regional Health Authority (WRHA) Support Services to Seniors (SSS) program held its twelfth annual Education and Collaborative Planning Day.

Eighty-two participants attended the Support Service to Seniors Education and Collaborative Planning session. Participants included funded agency board members, agency staff, WRHA Healthy Aging Resource Team members, community facilitators/community developers, Seniors and Healthy Aging Secretariat representatives, WRHA managers and the WRHA - SSS team members.

Participants were assigned to tables based on the twelve geographic community areas in the Winnipeg region. Those agencies that provide region wide services were assigned to a table representing the regional agencies. This enabled all participants to discuss issues and plans based on the populations of older adults they serve.

Seventy-seven percent of participants responded favorably in the planning day's evaluation form. The participants also indicated that the goals of the Support Services to Seniors Planning Day were met.

2. Background

The Winnipeg Regional Health Authority Support Services to Seniors program prepared this report based on the day's activities and discussions.

The day kicked off with an ice breaker exercise led by **Kathy Henderson**, WRHA Support Services to Seniors Facilitator, to introduce staff and board members to key players in their community area. Opening remarks were made by **Jeanette Edwards**, WRHA Regional Director, Primary Care and Chronic Disease.

The first guest speakers were **Val Steeves**, Director with the Seniors and Healthy Aging Secretariat (SHAS) and **Laurie Unrau**, Executive Director with the SHAS. Their topic entitled, "Moving Forward and Working Together" provided an overview of the SHAS' mission, an overview of their roles and responsibilities, introduction to staff, their current partnerships in the community, strategic priorities and resources available for seniors. This presentation can be found in appendix 3.

Madeline Kohut, WRHA Community Development and Seniors Specialist facilitated an individual reflection exercise for each participant to reflect on their ideas and thoughts on the following questions:

- 1- What does social isolation mean to you?
- 2- How do you think social isolation means as a service provider in your community area?

Madeline facilitated a small group and large group discussion for each community area to discuss and record their collective thoughts and ideas on the following question:

Small group:

- 1- How do you think social isolation is perceived by your community?

Large group:

- 1- What surprised you during this activity?
- 2- What question was the easiest? What question was the most difficult to answer? Why?

The community areas then posted their ideas on large flip chart paper for everyone to walk around to view their collective thoughts and ideas on social isolation. These reflective thoughts and ideas can be found in appendix 4.

The next guest speaker of the day was **Nancy Newall**, Assistant Professor, Psychology Department, from the Brandon University who presented on social isolation. Nancy presentation was entitled, "Social Isolation and Loneliness – From the Individual to the Community". Nancy provided an overview of loneliness and isolation including definitions, measures and causes. Nancy also provided a short review of the "Who's at my Door project: finding the extremely isolated". The participants wanted to continue the conversation with Nancy. It was agreed that the next steps would be to have a partnership between the Seniors and Healthy Aging Secretariat and Support Services to Seniors program to provide an education session in January of 2016. Nancy's presentation can be found in appendix 5.

The Story Telling: Social Engagement Initiative panel allowed for champions in the various community areas to provide an overview of their successful projects that have been assisting to increase social participation of older adults.

The panel speakers included:

- **Adele Spence**, Senior Resource Coordinator, St. James Assiniboia Area
- **Cath McFarlane**, River East Community Facilitator, Winnipeg Regional Health Authority
- **Eleanor Stelmack**, Healthy Aging Resource Team, Winnipeg Regional Health Authority
- **Michelle Ranville**, Manager of Community Services, A & O Support Services to Older Adults
- **Amanda Macrae**, CEO, A & O Support Services to Older Adults

An outline of these initiatives can be found in appendix 6.

Following the panel discussions, **Kathy Henderson** facilitated a small group discussion for each community area to reflect on the following questions:

- 1- What do you already do in the community that aligns with increasing social engagement of older adults?
- 2- What would you like to do in the community to work towards "Social Engagement"?

The group highlights can be viewed in appendix 7.

The last presenter of the day was **Laurie McPherson**, WRHA Acting Manager, Mental Health Promotion, Mental Health Program. Laurie's presentation entitled, "Mental Health Promotion – Thrive over 55+" provided the opportunity to give participants an outline of mental health promotion that aims to strengthen the ability of individuals, families and communities to cope with stressful events that happen in their everyday lives.

Unfortunately, due to unforeseen circumstances, regrets were sent by **Susan Chipperfield**, WRHA Regional Director, Mental Health Program, however, she was able to provide her presentation for this report entitled, "Optimizing the Mental Health and Emotional Wellbeing". Both presentations can be viewed in appendix 8.

The facilitators consisted of the Support Service to Seniors team:

- **Jeanette Edwards**, Regional Director, Primary Care and Chronic Disease, Winnipeg Regional Health Authority

- **Madeline Kohut**, Community Development and Seniors Specialist, Winnipeg Regional Health Authority
- **Kathy Henderson**, Support Services to Seniors Facilitator, Winnipeg Regional Health Authority

3. 2015 Regional Key Accomplishments and Initiatives

- Offering Support Services to Seniors educational sessions on issues that have been raised through site visits and feedback received. This year the sessions included:
 - Understanding Anxiety
 - Managing situations of elder abuse/mistreatment
 - Mental Health Promotion and Older Adults – 2 sessions
 - Frauds and ScamsOver 100 individuals attended the sessions.
- Continued assistance with the seasonal influenza campaign by helping to get the messages out to older adults and assisting with recruitment of volunteers for clinics.
- Reallocation of existing funding:
 - for the startup of two senior centres - West End Active Living Centre and Elmwood/East Kildonan Active Living Centre
 - increased the Fort Garry Seniors Resource Coordinator to a full time position
 - increased the Francophone Seniors Resource Coordinator to a .8 equivalent full time position
 - increased the meal program at Kingsford Haus to 5 days per week.
- After consultation and discussion, the service name for the Community Resource Councils was changed to The Seniors Resource Finders - Information and Referral Hub. This service continues to link and refer older adults to community supports, programs and services within their community area.
- Had a dietetic intern in May who developed resources on food purchasing which is on the WRHA website.
- Developed the Support Services to Seniors Framework.
- Continued with the Support Services to Seniors orientation sessions for all new staff and board.
- Continue with Support Services to Seniors orientation sessions in the community (i.e., home care, physician assistants).
- Supported the network meetings for senior resource coordinators, tenant resource coordinators, congregate meal programs and support services to seniors in group living sites. These network meetings provide opportunities to have an education component and share ideas, stories and challenges that you experience in your workplace.
- Partnered with Manitoba Association of Senior Centres to support continued staff and board education sessions for senior centres throughout Manitoba.

- Participated in various community events to raise awareness of Support Services to Seniors through forums, workshops, health fairs and presentations Red River College Nursing Students, University of Manitoba social work students, and WRHA Social Work Leadership. Fostering these relationships and raising awareness of Support Services to Seniors to students has been key.
- Continued annual site visit which supports continued strong partnerships.

4. Summary of Group Table Successes and Priorities

The successes and priorities identified by participants at their community tables are as follows:

River Heights

Celebrate Successes

- Meal program – growing in numbers and self-sustaining
- More attendance for activities and committees
- Board being more effective and growing
- New and competent staff hired
- Outreach for Wednesday's for seniors
- Fundraising success
- Interfaith outreach program great success

Top 2 Priorities

- Reaching isolated seniors
- More people participating in activities and committees
 - Chas Van Dyck – South Winnipeg Seniors Resource Council
 - Roberta Malam – Rady Jewish Community Centre Samantha Brunet – South Winnipeg Seniors Resource Council
 - Amanda Younka – WRHA
 - Pam Taylor – Bethania Deaf Center
 - Ashley Derkacz – Bethania Deaf Center

St James/Assiniboia

Celebrate Successes

- Metropolitan Kiwanis workplace wellness program
- Gathering places
 - Hooking up socially isolated seniors with volunteers
 - More community connections and partnering with assisted living complexes to provide info sessions to the community
- Bullying workshops
- Received funding from Healthy Together Now for a walking program
- Bringing “www.myrightcare.ca” to those in the community with no computer access in an attempt to decrease inappropriate Emergency Department use
- Sport Manitoba grant for art classes
- More programming and presentations at low income senior blocks
 - Example: Livin' it up, safe medication use and disposal
- Store at Metropolitan Kiwanis HUGE success

Top 2 Priorities

- Mental health and wellbeing tools and techniques for the service providers
- Building respectful communities

Seven Oaks / Inkster/ East & West St. Paul

Celebrate Successes

- Snow Angels Initiative connects coordinators to other partners, resources, services
- Provide grant information to community
- Development of a community resource distribution list of seniors of community programs, events, resources etc.
- Keewatin Inkster Neighbourhood Council for Seniors
 - Men in kitchen
 - Women in kitchen
 - Bus trips – casino
 - Norwest Food Centre
- First Get Better Together workshop for 24 senior living in East & West St. Paul
- Started a hearing screening clinic, offered 4 times per year. Very successful, have had to increase
- Carpooling partnerships
- Diabetes and kidney screening program
- Massage therapy
- Success
 - We don't have to close down or move, we are sustaining and growing membership
 - Moms & babes/new

Top 2 Priorities

- Bring together "change makers" to collaborate on how to effectively address social isolation
- Work in partnerships on developing BAG program and look at best practice models/programs

Regional Support Services

Celebrate Successes

- CNIB
 - Successfully morphed staff led peer model to a volunteer led peer model
 - Launched new service delivery model
- Creative Retirement Manitoba
 - Moved to Peguis Building at 1075 Portage
 - Transition was a success
 - More parking
- Alzheimer's Society of Manitoba
 - Social worker student summer and fall/spring allowed for more timely follow up
 - New database easier to access info
 - Support groups for people with Dementia (this group experiences isolation in a different way than their caregivers)
 - Has "Mind in Motion" programs (for people with Dementia and a care partner. 5 currently and 1 under development)
- Rupert's Land Caregiver Services – operating as Caregiving with Confidence
 - Biannual conference with 100 attendees
 - Developed a curriculum for caregivers, 10 modules

- A&O: Support Services for Older Adults
 - 8 Social Workers (added 2)
 - Buried in Treasures support groups X3
 - Highest attendance at Housing Expo
 - Strengthened partnerships with deaf, deaf/blind, hard of hearing communities

Top 2 Priorities

- Support for seniors, immigrants/refugees
 - Social isolation
 - Mental health
 - Finding ways to navigate the system
 - Accessibility – ensuring that our programs that are accessible (accessibility act)
 - Intergenerational
 - Inequalities
 - Breaking down barriers to accessibility

River East

Celebrate Successes

- Successful annual general meetings
- Impact on social isolation
- Good Neighbours Active Living Centre (GNALC) launched planned giving program
- GNALC open house, 53 new members as a result
- Better access to groceries Elmwood East Kildonan Active Living Centre (EEKALC)
- Funding at EEKALC
- GNALC field trips
- Community continue connect and inform
- Successful student partnerships
- GNALC partnerships aligned with mission
- Successful lunch and learns/presentations
- Phase 1 is complete at Donwood Manor (renovations)
- Successful partnerships (EEKALC)
- GNALC has an official contract with Bronx and City of Winnipeg
- Growth in memberships (EEKALC)
- Events and celebrations successful (all of us)
- Community organization partnerships
- Soup lunch/milk programs (Bethania Haus)
- Weekend community lunch (EEKALC)

Top 2 Priorities

- GNALC – Social isolation
 - Identifying impact as a community
- Sustainability funding
- Creating a safe and inviting environment for all diversity
- Nurturing community partnerships

Fort Garry

Celebrate Successes

- Partnership between Pembina Active Living & Fort Garry Senior Resource Council to host a very successful Healthy Aging Expo
- Developed relationship with Red River Nursing Students to deliver Livin' It Up Program
- Continued to offer bus trips to St. Vital mall and 1 day summer outing for those with mobility/financial challenges
- Recruited volunteers for English as additional Language Conversation Circle
- Participation in programs, membership numbers have increased, wellness series
- Connecting with Family Physician Clinic/Primary Care nurses
- Produced a brochure to promote small group programs for isolated residents has been distributed by our Health resource Coordinator at intakes for suitable residents
- Successful friendships that have developed during smaller group programs. These groups target isolated residents

Top 2 Priorities

- Brainstorm how to identify isolated seniors
- Continued outreach with a focus on reaching new people

Transcona

Celebrate Successes

- Transcona Seniors Resource Finder (TSRF) data base now in place, provide communication throughout the community
- TSRF Board have been very active – evaluating programs, processes being recorded
- Support Services in Group Living (SSGL) – a 'fixture' in the buildings. Acceptance and value. Greater involvement with the tenants; helping reduce isolation
- Good networking between various supports
- New Tenant Advisory Committee for seniors is a well-attended and greater connectedness. Leading to additional networking
- Very active groups, support groups
 - Well attended, diverse groups
- Connections with schools
 - Such as: iPad training for seniors presented by paid presenter, continued by volunteer and now a new younger senior has emerged to teach. Using the public library.
- Healthy Aging Resource Team (HART) in 2 new blocks – 1090 Devonshire and 45 Kildonan Green
- Senior shuttle to new Sobeys store
- Moving Forward group – have 2 facilitators that provide interim support for people who are grieving a loss, now go out as a group of 20-30 on outings
- Iron Chef program

Top 2 Priorities

- Affordable housing in Transcona
 - For example 500 Widlake – 27 units may be evicted spring 2016 because new apartment being built. This apartment will be much more expensive and those tenants won't be able to afford it but even if they could where do they move while it is being built? The nearest affordable apartment is Columbus Villa and it is usually full. These tenants are a family and have taken care of each other for many years....they will be separated and

perhaps homeless or living with friends. There are many new buildings being built in Transcona but not affordable. We need to encourage government to think outside the box.

- Example: A home (house) where a few (4-5) seniors could live together and share costs and chores
- Plan a “Mind, Body, and Soul” Symposium.
 - Will planning
 - Disease prevention
 - Bullying
 - Living in a healthy atmosphere

Downtown and Point Douglas

Celebrate Successes

Table 1 - Downtown, Point Douglas, West End

- Visit Ability Task Force
 - Materials out and scholarships awarded to College/University students
 - Project in conclusion
- Tenant Resource Coordinator - Cristine Schroeder – The Bethania Group
 - Arlington Haus, Autumn House, Sunset House
 - New partnerships with West End Active Living Centre
 - Intergenerational activities/carnivals/clowning workshop
- Thanks to one of our free luncheons with one of our partners we were able to re-connect with “old” members
- Healthy Aging Resource Team (HART) successful Downtown Connection Event
- Spring Fling Tea – first time in community at 425 Elgin (Health Services on Elgin)

Table 2 – Downtown/Point Douglas

- Improved communication and informed people what is happening at Center
- Relationship building
- Advocated for a community mailbox to be moved to same side of street for seniors block
- Improved the way tenants of Downtown communicate as a Tenant Advisory Committee. Encouraging positive communication
- Advocated and successful in additional seating in Portage Place for residents of Fred Douglas and Kiwanis Chateau
- Offered an art program at 340 Princess and it was very successful. Tenants were engaged and felt successful.
- Successfully referring seniors in the community to resources

Top 2 Priorities

- Mental Health and Wellness support group for Inner-city seniors
- Priority 1. Better identify isolated seniors and engage with them
- 2. Getting info out to the seniors most in need

Regional Support Services

Celebrate Successes

- Growth in organization
- More interdisciplinary work

- Linking better with others
- More programs and clubs for social opportunities
- More programming and opportunities
- Minds and Motion successfully launched in Winnipeg
- Rebranding of organization's
- Age friendly Winnipeg
- Moving into a new building
- Federal grant received
- Restructuring of programs
 - More focus and brand is reinforced
- Student practicums to assist with increasing capacity
- Referrals growing every year
 - People getting information and support
- More recognition with other organizations
- Celebrated 50th anniversary in Winnipeg
- Online resources

Top 2 Priorities

- Continuing with networking
- Linking services
- Awareness and growth

St Boniface/St. Vital

Celebrate Successes

- Building Bridges – Youville initiated program – in Manitoba Housing building
 - Help develop empathy and resiliency using mindful base strategies to develop more positive and healthy relationships (2 times /month for 12 weeks)
 - Being validated with student nurse
 - Tool kit being developed
- Seniors making lunch for students in high need school
 - "Hot Lunch Heroes"
- Services aux aînés – collaborative community committee with church
 - Outreach program to isolated seniors "Santé Chez-Nous"
 - Amicappel – Friendly phone call program

Top 2 Priorities

- Create connections with agencies, WRHA, club, etc. for seniors by creating networks, education opportunities, meeting to work together
- Diversify programs to integrate mental health wellness in everyday programs and new programs

5. Performance Indicators

- **Congregate Meal Programs** delivered **263,896 meals** and in addition **Meals on Wheels of Winnipeg Inc.** delivered **168,325 meals**.
- **Senior Centres including Creative Retirement Learning Centre Manitoba** had 104,570 contacts and 96,457 participants engaged in group activities last year contacts with older adults and had participants in group activities.
- **Senior Resource finders** had **25,976 contacts** with older adults. **5,412** Emergency Resource Information Kits (**ERIK**) were distributed.
- **Tenant Resource Programs** supported **4,034 suites and had 54,352** contacts with older adults.
- **Supports to Seniors in Group Living (SSGL)** had 19,562 contacts with older adults and supported 1,150 suites.
- **Rupert's Land Caregiver Services operating as Caregiving with Confidence** supported 3,294 clients.
- **CNIB** provided support to **2,740** clients.
- The **Alzheimer Society** of Manitoba had **1,069** active files pertaining **First Link** Referral,
- **University of Manitoba – Dental Health at Deer Lodge Centre** served **1,452 patients**.
- **Manitoba Association of Senior Centres** provincially has 44 members and supports the staff and boards through professional development and capacity building.
- **A & O Support Services for Older Adults:**
 - Had 2,958 clients receiving Friendly visiting /Connect program support
 - Had 2,168 total cases in Elder Abuse
 - Had 2,428 total cases in Counselling Services.
 - Had 15,779 contacts with Seniors Without Walls.
- **Healthy Aging Resource Teams** had 5,527 contacts with older adults.
- **Community Facilitators** had 3,972 contacts with community.

Appendix One: Agenda and Objectives

12th ANNUAL SUPPORT SERVICES TO SENIORS PLANNING DAY

Friday, November 6th, 2015

8:30 to 9:00	Registration, networking and refreshments	
9:00 to 9:15	Introductions - Whose Who in Support Services to Seniors	Work Tables
9:15 to 9:30	Welcome and Opening Remarks	Jeanette Edwards
9:30 to 10:00	Seniors and Healthy Aging Secretariat Moving Forward and Working Together	Val Steeves and Laurie Unrau
10:00 to 10:20	What does Social Isolation mean to you? Part One	Work Tables
10:20 to 10:35	Stretch and Networking Break	
10:35 to 10:45	What does Social Isolation mean to you? Part Two	Work Tables
10:45 to 11:30	Social Isolation Presentation	Nancy Newall
11:30 to 12:15	Story Telling: Social Engagement Initiatives <ul style="list-style-type: none">- Adele Spence - Gathering Places Project- Cath McFarlane and Eleanor Stelmack - Better Access to Groceries (BAG) Program- Amanda Macrae and Michelle Ranville - Connect Program	Panel
12:15 to 1:15	Lunch, Stretch, Networking	
1:15 to 2:00	Mental Health and Wellness Presentation	Susan Chipperfield and Laurie McPherson
2:00 to 3:00	Celebrating Successes & Community Priorities Objective: <ul style="list-style-type: none">• Share successes from your community• Identify top 2 priorities for the upcoming year	Work Tables
3:00 to 3:15	Evaluation and Wrap Up	Jeanette Edwards

SUPPORT SERVICES TO SENIORS PLANNING DAY
Friday, November 6th, 2015

Planning Day Objectives:

1. To continue to enhance our awareness, understanding, knowledge, collaboration and partnerships with Support Services to Seniors organizations.
2. To provide an opportunity for Support Services to Seniors agencies to network, develop relationships, share ideas and collaborate with one another.
3. To increase our awareness, understanding and knowledge when we develop, plan, implement and evaluate programs and services that have an impact on older adults 55+, their families and caregivers, service providers and Support Services to Seniors organizations.
4. To acknowledge and celebrate our accomplishments that Support Services to Seniors programs have achieved during the last year.
5. To plan together and identify 2 top priorities to continue to support health and wellbeing and aging in place.

Appendix Two: Evaluation Results

Support Services to Seniors Planning Session Evaluation Form

Friday, November 6th, 2015

58 out of 75 (77.3%) participants responded.

(This does not include the 9 guest speakers and 3 moderators for the day)

Please evaluate the following on a scale of 1 to 5 with 1 being Poor and 5 being Excellent; circle only one answer for each question.

1. Today's presentation(s) were valuable to gain insight and understanding on each topic discussed.

1.1 Seniors and Healthy Aging Secretariat

- 8 participants or 13.8% rated at a 5 (Excellent)
- 26 participants or 44.8% rated at a 4
- 16 participants or 27.6% rated at a 3 (OK)
- 2 participants or 3.4% rated at a 2
- 3 participants or 5.2% rated at a 1 (Poor)
- 3 participant or 5.2% did not respond

1.2 Social Isolation

- 17 participants or 29.3% rated at a 5 (Excellent)
- 26 participants or 44.8% rated at a 4
- 15 participants or 25.9% rated at a 3 (OK)
- 0 participants or 0% rated at a 2
- 0 participants or 0% rated at a 1 (Poor)
- 0 participants or 0% did not respond

1.3 Mental Health and Wellness

- 17 participants or 29.3% rated at a 5 (Excellent)
- 29 participants or 50.0% rated at a 4
- 12 participants or 20.7% rated at a 3 (OK)
- 0 participants or 0% rated at a 2
- 0 participants or 0% rated at a 1 (Poor)
- 0 participants or 0% did not respond

Additional Comments:

- The lineup looks good in theory, but I feel that maybe having more than one speaker on a topic or more information may be helpful. I notice that often the information shared (at many functions I attend) is broad. Maybe because of the different levels of volunteers, education, experience, etc. Having said that I enjoyed the speakers and took home information from all presentations.
- Very good
- Have heard all three so not a lot of new information
- Good topics but did not really engage me

2. The speaker(s) were knowledgeable in their presentation.

2.1 Seniors and Healthy Aging Secretariat

- 20 participants or 34.5% rated at a 5 (Excellent)
- 24 participants or 41.4% rated at a 4
- 9 participants or 15.6% rated at a 3 (OK)
- 2 participants or 3.4% rated at a 2
- 1 participant or 1.7% rated at a 1 (Poor)

- 2 participant or 3.4% did not respond

2.2 **Social Isolation**

- 27 participants or 46.6% rated at a 5 (Excellent)
- 27 participants or 46.6% rated at a 4
- 4 participants or 6.8% rated at a 3 (OK)
- 0 participants or 0% rated at a 2
- 0 participants or 0% rated at a 1 (Poor)
- 0 participants or 0% did not respond

2.3 **Mental Health and Wellness**

- 28 participants or 48.3% rated at a 5 (Excellent)
- 24 participants or 41.4% rated at a 4
- 5 participants or 8.6% rated at a 3 (OK)
- 0 participants or 0% rated at a 2
- 0 participants or 0% rated at a 1 (Poor)
- 1 participant or 1.7% did not respond

Additional Comments

- Learned a lot
- Well done

3. The **Social Engagement Initiative Story Telling Panel** further developed my awareness, understanding and knowledge when planning services and programs.

- 31 participants or 53.4% rated at a 5 (Excellent)
- 16 participants or 27.6% rated at a 4
- 10 participants or 17.3% rated at a 3 (OK)
- 1 participant or 1.7% rated at a 2
- 0 participants or 0% rated at a 1 (Poor)
- 0 participants or 0% did not respond

Additional Comments

- All communities seem to differ a bit, but there was good information.
- Good
- Loved hearing about new projects
- Informative. Learned new things
- Inspiring
- Celebrating all that is happening and giving the rest of us ideas
- More of best practice models
- Great to hear how the programs are doing (and some I wasn't ever aware of). Great way to get information out
- Enjoyed this the most. Would love more of this
- More time would have been good for this
- Highlighting existing programs is excellent

4. Have you reviewed the **2014 Support Services to Seniors Planning Day Final Report** that is on the WRHA website within the past 12 months?

- 36 participants or 62.1% responded yes
- 20 participants or 34.5% responded no
- 2 participants or 3.4% did not respond

Why or Why not

- Interested in how people feel about the day, and what the topics were last year

- To refresh
- Would prefer in email/didn't know where it is
- Didn't know it was on the website
- Have not seen it
- Some of it – not the whole document
- Read it in preparation for today's meeting
- Forgot
- I have never attended a planning day so far
- Always looking for resources

5. If you answered yes to question 4, has the Support Services to Seniors Planning Day Final Report(s) provided you with valuable information and resources to benefit older adults in your community area?

- 29 participants or 50.0% responded yes
- 1 participant or 1.7% responded no
- 28 participants or 48.3% did not respond

Why or Why not

- Helps to understand how others measure information/knowledge and success. Also, it is simply a good resource and reference for new ideas, etc.
- Specific to area
- Help to integrate common experience
- Didn't read it
- Connecting with other supports
- Equity issues were good
- Must read
- Refresher
- Read it when received
- Somewhat

6. The resources provided today were useful.

- 11 participants or 19.0% rated at a 5 (Excellent)
- 30 participants or 51.7% rated at a 4
- 15 participants or 25.9% rated at a 3 (OK)
- 0 participants or 0% rated at a 2
- 0 participants or 0% rated at a 1 (Poor)
- 2 participants or 3.4% did not respond

Additional Comments

- The group/networking aspect was quite useful
- Nancy's research is very exciting and will lead to so much success
- Tables to plan and breakout groups were excellent
- Will use Thrive over 55

7. The group discussion to identify new priorities was useful.

- 16 participants or 27.6% rated at a 5 (Excellent)
- 27 participants or 46.6% rated at a 4
- 9 participants or 15.6 % rated at a 3 (OK)
- 2 participants or 3.4% rated at a 2
- 0 participants or 0% rated at a 1 (Poor)

- 4 participants or 6.8% did not respond

Additional Comments

- We are excited about partnering to get Mental Health Wellness support groups started in our building
- Somewhat difficult to identify priorities with three organizations at the table and have clients that are very difficult
- Networking helped new partnerships
- Very important per table

8. The location was accessible and convenient.

- 28 participants or 48.3% rated at a 5 (Excellent)
- 17 participants or 29.3% rated at a 4
- 5 participants or 8.6% rated at a 3 (OK)
- 5 participants or 8.6% rated at a 2
- 0 participants or 0% rated at a 1 (Poor)
- 3 participants or 5.2% did not respond

Additional Comments

- Too cold x 5
- Excellent – good food x 2
- From Fort Garry. Too far
- Far from home but managed through traffic. Room too cold
- Better than last year's location
- Cold; too large; echoing
- Outstanding facility
- A little cold – loved the facility
- Climate control issues; Acoustics in area made it difficult to hear
- Good parking, good lunch, room a little chilly, not central
- A bit chilly, great food, lunch, coffee/tea, breaks
- Great job. Thanks a million
- Location was accessible and convenient

9. The session allowed for community areas to celebrate successes and accomplishments that Support Services to Seniors has achieved.

- 16 participants or 27.6% rated at a 5 (Excellent)
- 31 participants or 53.4% rated at a 4
- 7 participants or 12.1% rated at a 3 (OK)
- 0 participants or 0% rated at a 2
- 1 participant or 1.7% rated at a 1 (Poor)
- 3 participants or 5.2% did not respond

Additional Comments

- Always great to share accomplishments
- I was at a regional table
- Good idea
- Good opportunity to share and collaborate
- I think it would be worth considering separating the agencies that have provincial scope from those who have regional scope at the discussion tables

10. The session allowed for collaboration to plan and identify 2 priorities for the upcoming year

- 13 participants or 22.5% rated at a 5 (Excellent)
- 29 participants or 50.0% rated at a 4
- 12 participants or 20.7% rated at a 3 (OK)
- 2 participants or 3.4% rated at a 2
- 0 participants or 0% rated at a 1 (Poor)
- 2 participant or 3.4% did not respond

Additional Comments

- We all work well together already. Would have like to hear thoughts/plans of other areas
- Excited to work together
- Low community registration at our table (St. Boniface)
- The best part
- We have a direction in place and a goal

11. As a result of attending this session, the idea/knowledge/resource(s) that I plan to use will be:

- Set up more resources for members
- I would like to try to attend the next Mental Health/ Wellness facilitated meeting thing.
- Mental health wellness and promotion
- Resource network – daily exercise sets to encourage wellness – sharing information with tenants
- All of the presentations
- Continue to network
- Better Access to Groceries (BAG); CNIB
- Not sure
- 'Who's at my door?' literature
- Expand the ethic base of our organization
- Connect more with A & O. Interested in the Better Access to Groceries program
- Ambassador program. Also speak with area politicians to have them hand out brochures
- Being more aware of isolation issues
- Thrive over 55+ type sessions – mind, body & soul
- Trying to implement programs I have heard about
- Develop more 'partnerships'
- Getting together with our table groups on a monthly (6 weeks) basis. What I appreciated was the grouping of tables by community area
- Collaborating with community members to develop a mental health and wellness support group for inner city
- Partner with organizations who see seniors on a regular basis
- Partnering with others to promote isolation
- Positive wellbeing (promote) – small steps
- Take this information to my seniors council for information and discussion
- Reach out to social isolated seniors
- How to create connections between communities
- Thrive over 55, incorporate the idea of mental wellbeing into programing
- Useful to me personally

12. Should we plan this type of session next year?

- 50 participants or 86.2% responded yes
- 1 participant or 1.7% responded no

- 7 participants or 12.1% did not respond

13. If there is another session, please circle if it should be a half or full day.

- 12 participants or 20.7% responded half day
- 39 participants or 67.2% responded full day
- 7 participants or 12.1% did not respond

14. What suggestions do you have for future session topics?

- Housing alternatives (co-share matching services)
- Whatever it is - more network sharing ideas outside of area. What our area thinks about may be different in another (that would benefit each other)
- Senior sharing stories/life experiences with youth at risk
- I think so. Have the centres share what exciting projects or innovative workshops are out there
- Housing – affordability
- This isn't a topic but I like the idea of during lunch – have a slide show of pictures that the various services have sent in featuring their organization. Example – Zumba, meal programs, Snow Trek, etc.
- Winnipeg Age Friendly Committee
- Best motivational practices to influence seniors participation in programs offered
- Hoarding challenges; equity; Aboriginal Support (mental health, services for seniors)
- WRHA workshops: How to support and encourage tenants/clients after a suicide
- Housing for seniors, resources, options
- Make the day more interactive to facilitate learning rather than lengthy power point presentations
- Grants – availability; types of grants
- Thank you for bringing and hosting "The Planning Day", allowing us to share and network with those at our table. Well done and appreciated
- Removing the stigma of mental health
- More mental health topics
- Cultural component – newcomers, refugee and indigenous seniors
- How to collaborate/partner
- Innovative community programs like the panel discussion you had today
- Seniors and depression – Tina Holland Mood Disorders tools and techniques to handle mental health issues
- Reducing stigma on aging
- Intergenerational actions; structural barriers linked with poverty
- Panel for mental health
- Hearing aids – need them to be more affordable
- Now there is an area of discussion that came to light near the end of day and it is the need for agencies to develop inter agency referral processes that meet best practice. This is not to take away from the responsibility of empowering clients with information so that they can approach an agency on their own – but when it is needed to do a "hard paper" referral, it probably will require more beyond consent in the way of protocol so that it meets privacy rules etc. I think at the heart of this is partnerships between agencies so that they know one another's services well enough so that they know if a referral makes sense. Each agency also needs to know the required data for another agency so that a referral could or would be acted on. If this makes sense, it may be a

topic for future discussion – but it is something I think we are going to need to explore in the near future with a couple of agencies ourselves

15. TAKE AWAY OF THE DAY

Write down 3 things you will take away as follow up to today's SSS planning day.

Please note your thoughts are consolidated into the following themes.

Mental Health Promotion

- Mental Health and Well-being is everyone's business
- Increased focus on mental health and wellbeing. Provide handouts to groups
- Plan a day – Mind, Body and Soul
- Look at mental wellness initiatives
- Mental health presentations
- Embrace Thrive over 55
- Research shows one meaningful relationship improves mental health and well being
- To continue to promote healthy living with programs and services
- Use information from "Thrive over 55" to promote positive mental health and wellness
- Promote mental health wellbeing. Avoid stigma
- More work to do in the mental health area
- 55 plus Thrive – order copies
- Focus on mental health initiatives
- Mental health issues - recognition
- Will look into Mental Health and Wellness contacts/literature
- Add mental health 5 tips to my newsletter
- Contact speaker on mental health to do a presentation for seniors
- Mental health connection (strengthen)
- Include mental wellbeing promotion
- Learn more about mental health and older adults
- Schedule presentations on mental health wellness
- Making more personal connections with tenants dealing with mental health and supporting them
- Mindful connections with isolated seniors – discerning if isolation is a choice or involuntary
- Accessing other supports/networking with other groups
- Plan a mind, body and soul healthy atmosphere session

Social Isolation

- Social isolation is complex and sometimes a matter of choice
- Seek out social isolated seniors
- Resources on social isolation have to be respectful to those who don't want to participate
- More home visits
- Addressing social isolation
- Continue to try and reach isolated seniors
- Find out more educational material to support isolated seniors
- Design a program to meet with tenants that are isolated within our community
- Research different grocery programs in the area
- Better define our plans to address isolation
- Research isolation more

- Decreasing isolation needs to be a community effort and I will continue working for our team
- Be more aware to look out for isolated older adults
- Connect with other senior coordinators to plan
- Contact partnerships from isolated seniors
- Revamp my Seven Oaks Healthy Living program
- Work on planning activities in blocks
- Work towards social isolation tool
- Further discussion regarding social isolation
- Innovative activity planning to optimize participation
- Piggy back social engagement with others
- Work at identifying isolated seniors and reach out to them
- Invite resources to do training groups. i.e. grief work
- Check into running a Better Access to Grocery (BAG) program
- An awareness of isolated seniors
- Able to recognize senior who might be isolated
- Educate staff (front line) on social isolation
- Develop a brochure on social isolation
- Target new people or outreach program
- Colleague discussions about isolation
- Expanded understanding of social isolation
- Set up discussions with clients' on what isolation means to them
- Arrange day cares with seniors groups
- Don't succumb to stereotypes (each person is unique)
- Solutions don't need to be complex
- Seek out extremely secluded tenants

Partnerships/Connections

- Look for program ambassadors
- Connections made, networking with other organizations
- Connecting with Alzheimer's Society
- Connections
- Program ideas
- Connect with Seniors and Healthy Aging Secretariat
- Continue to build relationships
- Follow up with Amanda and Samantha about community events
- Connect more with other organizations and partners in community
- Look at new/more partnerships
- Connect with HART team
- Connections made – will be working with new folks and new community organizations.
- Renewed linkages/partnerships
- More awareness to senior groups
- Meet with all tables regularly

Equity

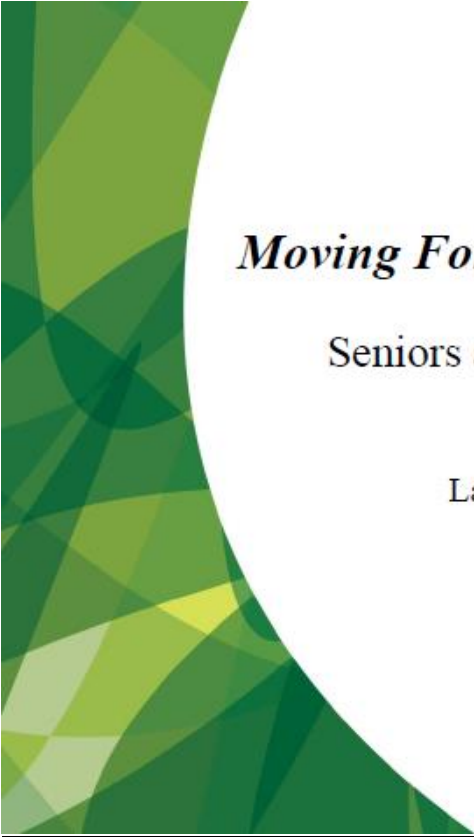
- Use equity lens in considering seniors issues
- Seek more opportunities to collaborate
- Defining health equity

Future Planning

- Review our planning for 2015-16
- Work on 2015-16 strategic planning
- Further thoughts to bring to board as a priority from the day
- Help my board into more functional entity which can respond to needs in the community effectively
- Develop goals for following year

Resources


- Will contact WRHA about the senior group living resources
- Read report when distributed
- Look at grants for outreach
- Use all resources available for community presentation
- Post more information – materials
- Awareness of resources
- Use resources
- Ask for more money from the WRHA x 3



Moving Forward and Working Together

Seniors and Healthy Aging Secretariat
(SHAS)

Laurie Unrau, Executive Director
Val Steeves, Director



About SHAS

SHAS is a branch in the Healthy Living and Seniors Division in the Department of Health, Healthy Living and Seniors.

Mission Statement: To lead government in creating an environment that promotes the health, independence and well-being for Manitoba Seniors.

About SHAS (cont'd)

- Provides leadership to province-wide strategies that promote the interests of older Manitobans.
- Advises on seniors issues with other government departments.
- Liaises between government (municipal, provincial, federal), RHAs and senior-serving organizations.

About SHAS (cont'd)

- Serves as an education, information and referral source for seniors, their families and senior-serving organizations.
- Provides research and administrative support to:
 - the Manitoba Council on Aging (MCA) and
 - the Caregiver Advisory Committee (CAC).

SHAS Team

- 5 Consultants (Susan Crichton, Andrea Lamboo Miln, Mariam Omar, Teresa Snider, and Karlee Spiers)
- 1 Resource Coordinator (Erin Wills)
- 2 Admin Assistants (Marlene Cooke, Aniway Pascual)

Partnerships and Relationships

- Time of transition over the last 12 months
- Focus on strengthening and enhancing relationships with our partners, including:
RHAs, MASC, TONS, A&O Support Services Inc, ALCOA, GNALC, FAFM, Center of Aging and many more.

Partnerships and Relationships

We work closely with other branches in our department, including: Continuing Care, Mental Health, Primary Care, Public Health, Insured Benefits and others.

We also partner with other departments, including: housing, family services, justice and others.

.....
Seniors & Healthy Aging Secretariat

SHAS Strategic Priorities

- Age-Friendly Manitoba Initiative (AFMI)
- Healthy Aging work
- Elder Abuse Strategy
- Caregiver Legislation and Initiatives
- Facilitating the work of
 - the Manitoba Council on Aging, and
 - the Caregiver Advisory Committee

.....
Seniors & Healthy Aging Secretariat

Resources and Information

Seniors Guide

A Guide for the Caregiver

Legal Guide

(Hard copies or electronically at www.gov.mb.ca/shas)

Seniors Phone Line: (204) 945-6565 or

toll-free at 1-800-665-6565

Email: seniors@gov.mb.ca

Contact Information

Please feel free to contact us anytime.

Laurie Unrau, Executive Director

(204) 945-1825

Laurie.Unrau@gov.mb.ca

Val Steeves, Director

(204) 945-0167

Val.Steeves@gov.mb.ca

Appendix Four: What does Social Isolation mean to you? Part One

Group Table Exercise with discussion on Social Isolation

The priorities identified by participants at their tables are as follows:

1) What does **social isolation** mean to **you**?

- Loneliness of others
- No contact with the outside community
- No family or friends
- Social isolations: barriers and various unique health issues that interfere with an individual's ability to create a personal support network
- Older adults(OA) are not interacting with anyone/or not interacting enough (as defined by OA)
- Living along; unable to access resources; lack family support; lack mobility
- Being alone with no others around for support, recreation, social discussion, daily living help (snow shoveling, cooking, daily care). All these contribute to social isolation
- What does it mean to you?
 - Depression – lack of supports
 - Alone – loss of connections
 - Lack of resources, services
 - Mobility – access – barriers
- Being alone
- Someone who doesn't have access to resources. Example: transportation
 - Who can't get out into the community because they are immobile or don't have the services
 - Someone who can't get out because of health reasons
- Someone who has no family/friends to help with Activities of Daily Living (ADL). Sits along day after day with no contact other than support staff or no support staff.
- Lack of intellectual or social stimulation
- Being ostracized in the community
 - Homebound
 - No communication with the outside world
- Means limited family or community support
 - Decreased socialization and lack of purpose in life
- Not being able to connect with others when you want to be connected
 - Being lonely
- Being alone, no contact with other people
 - No support group
 - Struggling on own , can't get out – no transportation
- Feeling alone and unloved, not feeling part of any community; worthless
- Neglect from families
 - A person who may not have financial means to have access to transportation to enjoy social outings etc.
 - Suffering from impairments may increase social isolation because of no resources
- Someone who disconnects from the outside world and no longer wants connections with anyone else
- Feeling of loneliness, lack of support, absence of connectedness to community social networks
- Individuals are not receiving the support and companionship they need
- Being alone not as a choice but because you are not connected to family, neighbors, broader community (organizations, services)

- Social isolation as a result of a mental health issue like anxiety/phobia's, depression or physical disability that impairs your mobility
- When people are unable to engage in conversation or experiences due to location or immobility
- Challenging to "find" the Service Provider
 - Even when they are identified- may not want to be involved but often do – need that friendly visit, awareness of services and resources to help get them engaged
 - As a Service Provider- often limitations around finance and transportation
- Mental and physical disabilities that contribute to being able to participate in social events with family or community
- Having no contact with other people
- Reliance on others/loss of independence
- Shrinking resources – family and friends
 - Cut off from life – mobility
 - Lack of resources/knowledge
 - Disengaging for a variety of reasons – health, loss of interest
 - Having to ask for help – losing independence
- Being disconnected, lonely
- Choice for some individuals/not a choice for others
- Being alone with few family or friends for support
- Being alone while the world continues without you – not being able to participate
 - As a service provider – being aware of isolated individuals, find solutions
- The inability to communicate with others due to their varied living conditions or circumstances
- Not having the opportunity to meet, talk and play with other people whether voluntary or circumstantial
- People disenfranchised from informal and formal supports
- Loneliness
- Physical – lack of exercise, access to nutrition, stimulation
- When an individual chooses through positive or negative experience(s) to spend the majority of their time alone
 - However, impacting choice is knowledge and if people don't know about help or groups they can't connect
- Loneliness, poor health, depression, low income, unable to access needed programs and services
- Loneliness, detachment, stagnation
- Being alone, unable to participate because of hearing impairment, lack of transportation, lack of knowledge of supports available
- Wanting to connect with others but being unable to do so due to any number of reasons
 - I.e. physically, emotionally, culturally etc.
- Loss of purpose, influence and respect
 - Inability to participate or be heard
 - Individual challenges (physical/mental)
 - Cultural/spiritual/family separation(geography),
 - I.e.: moving from rural to city for health services
 - Lack of cultural/spiritual "likeminded" recreation/services
- When people withdraw from others whether through their own choice or due to health, financial, or ethnic reasons
 - Service provider – when people do not come out or make an effort to participate whether it is social, health, or day to day living. No family, friends, or caregivers

- Lack of friend; lack of programs in the building
- Alone or without contact – lack of social support or network
- Service provider
 - Looking out
 - Asking the question 1 on 1 – how can I help, refer and follow up
 - Seek area where people do congregate
 - Flu clinics
 - Meal programs
 - Lack of choices due to declining health and/or role in community
 - Example: arthritis, mobility issues, not in work forces, less involvement
- Truly living in a place where you are truly “on your own” – as in rurality miles from others
- Being alone – very little social contact
 - Housebound – confined to the home
 - Living in secluded rural areas
- No one else has the same concerns as I do
 - Sometimes it’s just easier to stay at home than connect with others
 - It happens slowly, over a period of time
- Can be a lifestyle choice – need to respect if that is a personal choice
- Physical/structured limitations
 - Lack of contacts or supports
 - Choice or no choice
 - Mental health
 - Loss
- Isolated by choice?
 - Transportation problems?
 - Mental health?
 - Contented?
 - Safe?
- Basic needs cannot be met effectively
 - Health care
 - Food security
 - Specialized supports
- Loneliness, insecurity, comfort, zoning
 - A life choice – maybe it is okay!
- Not a function of means – social isolation happens across socio-economic levels
- Risk
- Loneliness
- “nobody cares”
- Not a choice
- Emotional effects
 - Depression
 - Loss of self
- Lack of or no meaningful social/community engagement
- Often means being disconnected from supports and resources
- Can be hard to identify people by definition they are not visible
- Not feeling connected even in an area that is densely populated
- Social isolation means poverty

- Being alone and not having opportunity to communicate with other people because of physical or mental disabilities
- Social isolation is: desiring an opportunity for connection but barriers are in the way from receiving it
- Difficult issue to address, but need to address it
 - Collaboration between community and primary health care
- Believing you are the only one facing an issue – then surprised to learn that your issue is common
- Lack of reason for community contact
- Lack of knowledge of the opportunities in the community and the barriers that prevent inclusion
- Having no family or friends left due to spousal death, children not in same community, aging friends
- Important social connections are not maintained
- Someone who does not have the resources to reach out either due to physical, economical or mental barriers
- Not leaving suite for meals
- Mental stress, depressed

2) What do you think social isolation means as a service provider in your community area?

- Opportunity
- Individuals who don't access community services because of the affordability, knowledge and transportation
- Responsibility
- Lots of people sitting at home, getting depressed, not eating properly and getting unhealthy
- Not being provided for
 - Failing our role
- Lack of resources of services
- The ability or inability to find ways and strategies to provide activities that isolated seniors will come to leads to a decline in a person's abilities: physical, social, intellectual
- People who need our help to be with and around people. Having congregate meal program activities, someone to talk to, help if needed
- Someone who doesn't leave their home
 - Doesn't participate in activities that go on
 - Someone who no longer can perform Activities of Daily Living and needs the assistance of others
- There is great need
 - The challenges is to find those isolated
 - Too often agencies do not partner and services are duplicated
 - There is a lack of feet on the ground to provide services
- Being aware of areas in the community where there is social isolation
 - Being aware of existing services and how to access them
 - Being aware of how to mobilize social support
 - Do it!
- Not answering phone calls to attend group programs
- As a provider it means that we can't reach those who could perhaps benefit from and who might need services most
- As a service provider limited support for mental issues – depression
 - Lose a friend

- Living alone
 - Unable to lack resources
 - Lack of mobility
 - Lack of family support
- Not connected to anyone
 - Living alone, no access to health services, food services
- Outreach to:
 - Outreach to refugees
 - Outreach to those without kinfolk
 - Outreach those without access to funds
- Not only lack of knowledge of resources and the barriers that exist; but the added challenges of coping with emotional as well as physical loss
- Active outreach
- As a service provider, my challenge is to determine if socially isolated seniors are choosing this
- Finding our isolated seniors
 - Removing barriers
 - Creating safe comfortable accessible therapeutic environments
- Identifying needs (do service recipients consider themselves socially isolated)
 - Finding appropriate services/programs to help people connect in a non-condescending manner
 - What are other implications of social isolation re: health housing, transportation, etc.
- Finding seniors are isolated
 - Lack of funding/resources
 - Growth in demographics
 - Boomers
 - Being proactive with programs
 - Confusing government supports
 - Duplication of efforts
- A challenge to see those in need, seeking out the hidden
- Challenging as a service provider, how do we get them out?
- Means connecting with groups and other services that may connect with isolated groups – I.e. homecare etc.
- That linking seniors to programs and communities within the community will assist the senior in their mental health and feelings of worth
- Perception of loneliness (including supports, networks, etc.)
- We have a responsibility to try to identify isolated older adults in our community (ideally by working with our community partners)
- Is commonly associated with mental health issues and lack of support
- It's complicated
 - Social isolation often comes about because of physical, mental, social, financial, difficulties
 - However some people choose to be more socially isolated and do not have the skills/resources to be more engaged.
- Hard work
 - Thinking outside the box to come up with creative ways to find the socially isolated and address the issue
- Means first identifying the isolated seniors, providing information and support systems – putting this into action

- Provide opportunities for interactions and service delivery
- I am an isolated 68 year old recent widower who has 7 evenings, afternoons, and mornings to fill. I provide AA sponsorship to isolated recovering alcoholics, widowed, divorced, married of all ages, seniors and others
- Someone who is alone, unable or unwilling to associate with other people
 - Trying to locate, identify such persons
 - Find a common interest to draw a person out of isolation
- No contact in communities
 - Family not active
 - In cave
 - No support service
 - Person feeling no one in community cares
 - Transportation
 - Weekly contact
- Not having services that are adapted to one's needs – I.e. being in an environment where services are dementia friendly
- What supports can my organization provide? Not knowing what they need to remain healthy and living as independently as possible
- Treat of deterioration of mental and physical status that goes undetected
- We need to identify who is socially isolated and provide a support system
- Scared of being bullied, left out, not accepted in the building but may be happy in personal/friends and family life
- Often connected to mental health
 - Challenge is to connect those folks with social networks
- I always assume that any influence can immediately impact an individual's life to create social isolation. I believe that there are even degrees (danger levels) of isolation
- Not being able to access social programs that are offered in your area causing loneliness
- Someone without awareness or capacity to make or keep social connections /contacts or networks
 - For a variety of reasons or issues
- Not being able to access social programs that are offered in your area causing loneliness
- Loneliness, sadness, disconnection
- Loneliness, unable to get out, lack of transportation, limited mobility

3) How do you think social isolation is perceived by your community area?

- Identify and awareness
 - Economics
- Hidden/crosses socio economic barrier
 - Can be result of systemic, emotional, physical barriers
 - Unaware or unable to access resources/connect with others
- Isolation is everywhere at varying levels and degrees
- Community at large does not recognize social isolation as an issue and is perceived as "odd"
- Twofold:
 - Social isolation is not always bad to that person – they may be fine with having few close friends or family
 - But some are quite lonely, sad and depressed therefore it is viewed as negative by community but not always. It is our job to distinguish the 2 and find the ones we need to help.

- Some perceive it as an issue and others don't depending on where you live – I.e. house vs. block vs. assisted living
- People who are alone
- Isolation "can" be a choice – not always a negative, only if it is impacting their health
- The contributors and barriers are more the issue to Downtown/Point Douglas residents than social isolation itself
 - I.e. transportation, finances, community safety, winter conditions, level of mistrust
- Seniors in the Elmwood area expect social isolation as part of aging – they are not aware of, nor do they expect services

Wrap up large group discussion comments on exercise on social isolation

#1 – What surprised you?

- "One shoe does not fit all"
- Many accept social isolation as a normal part of aging
- Some are not aware of alternatives
- Need to increase awareness of what is available
- Some lack resources to access resources (transportation, affordability, mobility, awareness etc.)
- We need to respect individual choices (using resources, attending programs)
- Mobility and affordability issues contribute to isolation (also includes transportation)
- Working in buildings tend to know more – I.e. who is isolated (than in own homes)
- Mental health issues contributes
- Different levels of isolation
- Isolation does not just mean being "alone"
- Hearing loss contributes
- Lack of community "within a community"- need to connect where people are at – I.e. legions
- Available resources

#2 – What was the easiest and/or most difficult part of this exercise?

- Hard to take off the "service provider" hat and focus on community

Appendix Five: Social Isolation Presentation

SOCIAL ISOLATION AND LONELINESS

FROM THE INDIVIDUAL TO THE COMMUNITY

NANCY NEWALL, PHD
ASSISTANT PROFESSOR
PSYCHOLOGY DEPARTMENT
BRANDON UNIVERSITY
NEWALLN@BRANDONU.CA

OUTLINE

- **Loneliness and isolation**
 - Definitions
 - Measures
 - Causes
- **Who's at my Door project: finding the extremely Isolated**

Age & Opportunity

SCWOW process evaluation (Newall & Menec, 2013)
Social Intervention for extremely isolated (in-progress)
Evaluation of CONNECT program (in-progress)

QUESTIONS

- 1) What is the extent of isolation? Extreme isolation?
- 2) What are we doing about it?
- 3) Is what we are doing working?
- 4) Challenges?




GO **BOLD** OR GO HOME



<http://www.campaigntoendloneliness.org/>





DEFINITIONS

SOCIAL CIRCLES EXERCISE



DEFINING ISOLATION AND LONELINESS

SOCIAL ISOLATION

Concerns the objective situation of a person and refers to the absence of social relationships and **contact** (de Jong Gierveld et al. 2006).

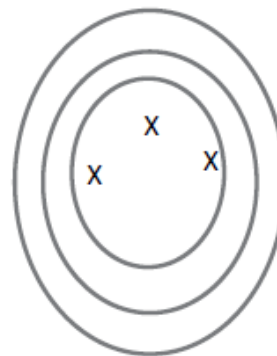
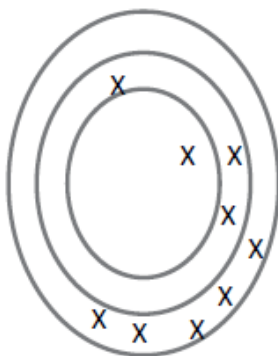
LONELINESS

A negative subjective experience resulting from a perceived discrepancy between our desired vs. actual social relationships (Peplau & Perlman, 1982).



Discrepancy theory of loneliness

- Loneliness is mismatch between quality/quantity of relationships we Have vs. Want

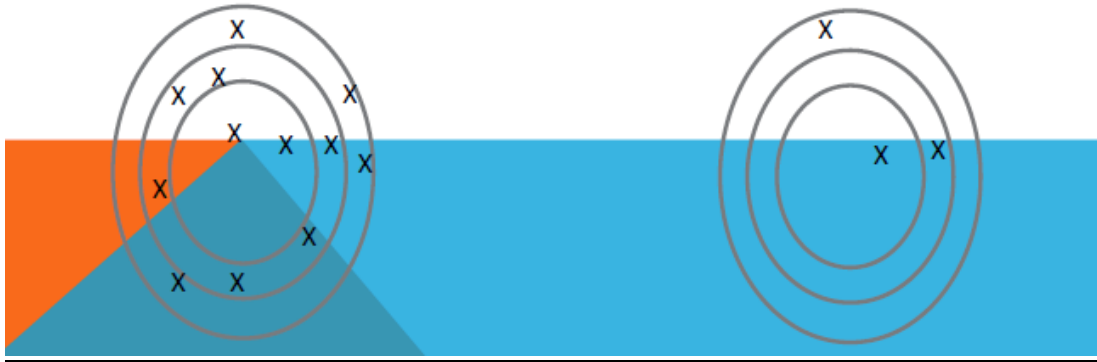


LONELY?

Lonely in a crowd?

NOT ISOLATED, BUT LONELY

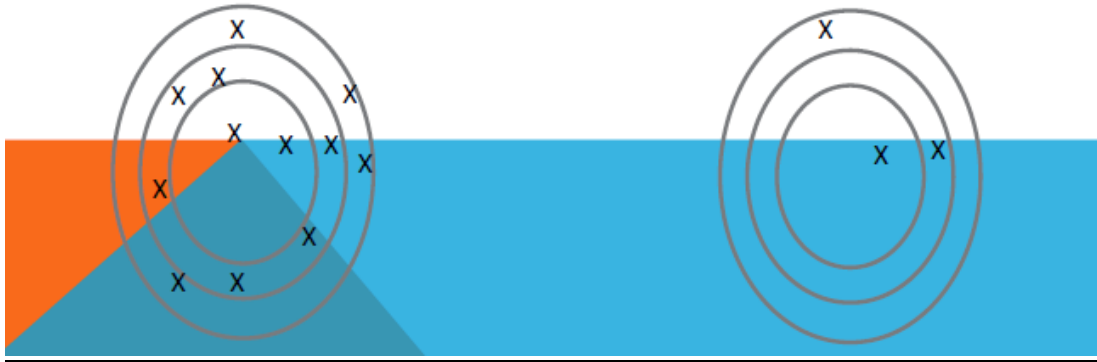
- Quality or quantity of actual relationships do not match desired relationships
- Dissatisfaction with quantity or quality of relationships



The life-long isolate?

ISOLATED, BUT NOT LONELY

- Quality or quantity of actual relationships matches desired relationships
- Satisfaction with quantity and quality of relationships



MEASURES



MOST COMMON LONELINESS MEASURES

1. 1-question measures

- Directly asks about loneliness (handout)
- Typically re-categorized: Lonely vs. not lonely

2. Loneliness scales (multiple questions)

- De Jong Gierveld's Loneliness scale (Handout)
- Russell's UCLA Loneliness Scale
- Measure degree of loneliness (more or less lonely)
- Cut-off points: not lonely, moderately lonely, extremely lonely



ISOLATION MEASURES: IT'S A MESS!

- Unlike with loneliness, there are no common accepted, established scales of isolation
- Researchers use a variety of ways of measuring isolation (may simply depend on what data they have available)



ISOLATION MEASURES: IT'S A MESS!

Are you married or not?

Do you live alone?

Participation in family gatherings, movies, cards

Less than monthly contact with family, friends, children

Participation in committees, formal social groups, etc.



GOVERNMENT OF CANADA (SPRING 2015)
(THROUGH PRIVATE PHILANTHROPY COMPANY)

Lack of social isolation defined as:

- ↑ • **Has support** required for daily living, someone to: talk to, get advice from, and/or help when needed
- ↓
- ↑ • **Participate** in activities
- ↓
- ↑ • **Feel** connected to other people
- ↓
- ↑ • **Feel** valued

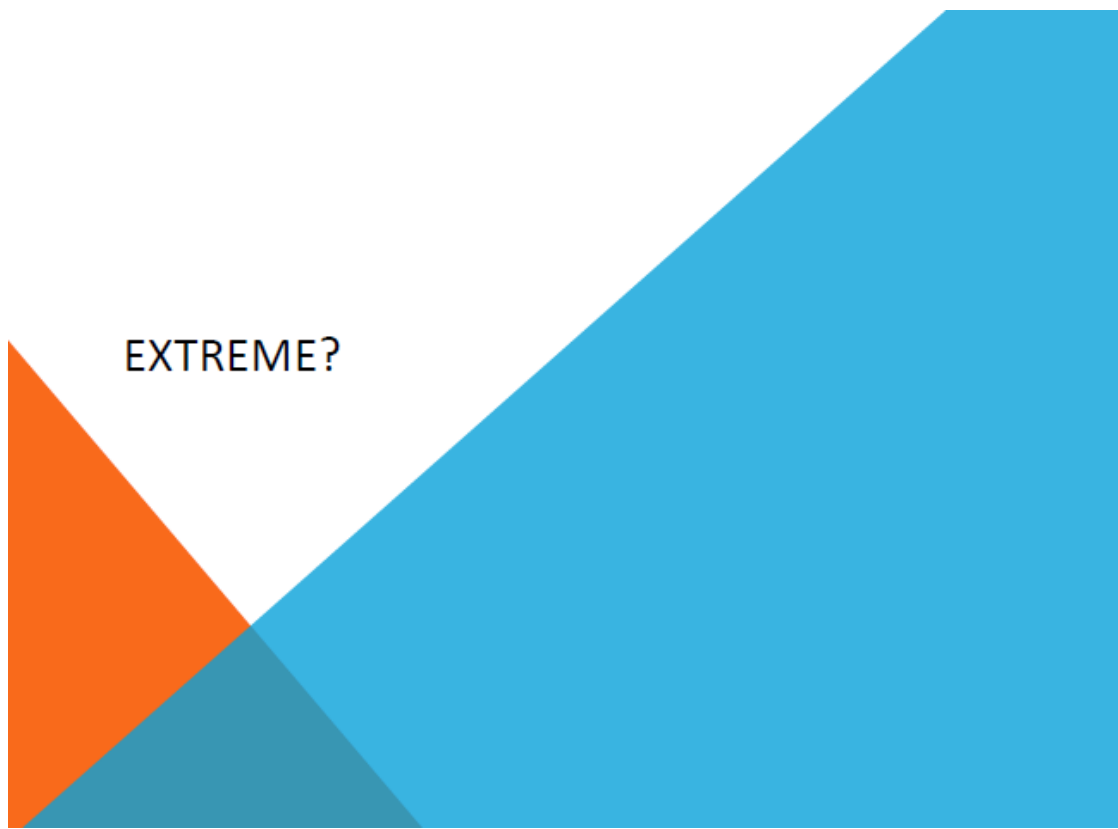


LUBBEN SCALE

Lubben scale (multiple questions)

- Assesses frequency of contact with relatives and friends
- Assesses more subjective elements: Can call for help; feel close to
- Cut-off point: isolated (score=0-11) or not isolated

- **Note:** I had to modify the way these questions were asked with the extreme isolated (next)



DEFINING AND MEASURING *EXTREME* ISOLATION OR LONELINESS

How would you categorize yourself?

1 not lonely

2 moderately lonely

3 severely lonely/extremely lonely

Preliminary data (A & O): all 5 people indicated severe or extreme loneliness.

SOCIAL ISOLATION SCALE (MODIFIED)

RELATIVES	
1. Do you have any relatives that you see or hear from at least once a month? If yes, how many?	0
2. Do you have any relatives that you feel at ease with that you can talk about private matters? If yes, how many?	0
3. Do you have any relatives that you feel close to such that you could call on them for help? If yes, how many?	0
FRIENDS	
1. Do you have any friends that you see or hear from at least once a month? If yes, how many?	0
2. Do you have any friends that you feel at ease with that you can talk about private matters? If yes, how many?	0
3. Do you have any friends that you feel close to such that you could call on them for help? If yes, how many?	0

Preliminary data (A & O): 1 person scored 0. Others had family, but estranged, or little to no friends. Hard to ask these questions!!

EXTREME?

Those who might be so isolated that no one even knows they are there.



PATHWAYS INTO LONELINESS AND ISOLATION: APPROACHES

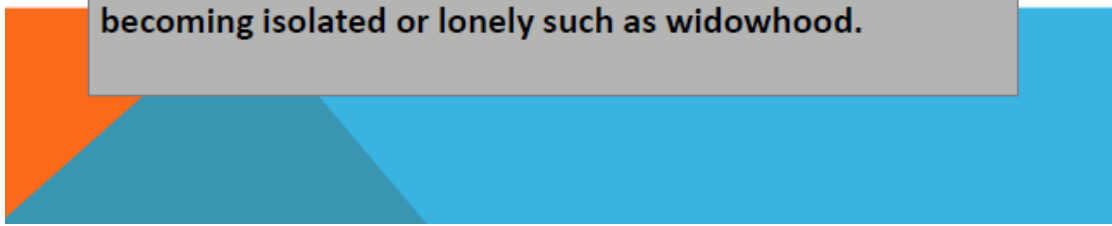
1. Demographic and Health Approach
2. Psychological approaches
3. Community-level approaches: Age-Friendly



DEMOGRAPHIC & HEALTH APPROACHES TO LONELINESS AND ISOLATION

- Role transitions (retirement, widowhood, caregiver)
- Health trends (declines in physical health)
- Risk factors: living alone, widowhood, health declines, relocating

These approaches alert us to important health factors and life transitions that could put people **AT RISK** for becoming isolated or lonely such as widowhood.



PSYCHOLOGICAL APPROACHES TO LONELINESS AND ISOLATION (INDIVIDUAL-LEVEL)

- Discrepancy Theory (Peplau & Perlman, 1982)
- Social needs approach (Weiss, 1973)
- Socioemotional Selectivity theory (Carstensen, et al., 1999)
- Expectations/aspirations
- Convoy model (Antonucci, et al., 1987)
- Perceptions of control (various theories)

These approaches can alert us to how perceptions and beliefs (psychological factors) can impact people's feelings of loneliness and their motivation to change their social situation.

COMMUNITY-LEVEL APPROACHES TO LONELINESS AND ISOLATION: AGE-FRIENDLY PERSPECTIVE

- Brings a discussion of loneliness and isolation to the level of community responsibility, policy
- Recognizes that there are factors in the environment that could place individuals on pathways to isolation and loneliness
- A premise and promise of age-friendly communities is that they foster social participation, health and a sense of security (WHO, 2007)

An approach like the Age-Friendly perspective can alert us to factors in the social and physical environment that may be barriers for older adults being socially active.

This approach also brings the concept of social isolation as a community responsibility (not just an individual problem).



Do our cities isolate?



Photo credits: Charles Landry;
www.charleslandry.com



Do our policies and community services impede, ignore, or foster social participation?
Can we create age-friendly communities that connect us and care?



Photo credits: Charles Landry;
www.charleslandry.com

NOT AGE-FRIENDLY = BARRIERS TO PARTICIPATION

- NOT Age-Friendly:
 - Outdoor Spaces and Public Buildings (**inaccessible**)
 - Transportation (**too expensive; lack of options**)
 - Housing (**lack of options; must relocate**)
 - Social Participation (**programs not appropriate for population...**)...etc.
 - Respect and Social Inclusion
 - Civic Participation and Employment
 - Communication and Information
 - Community Support and Health Services


If we address Age-Friendly, we address loneliness, isolation?

Causes = solutions

HEALTH, PSYCHOLOGICAL, ENVIRONMENTAL CAUSES = SOLUTIONS

SOCIAL BARRIERS		
Do any of the following prevent you from being as socially active as you would like?		
a. Lack of convenient and accessible transportation	<input type="checkbox"/> No	<input type="checkbox"/> Yes
b. Health problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes
c. Lack of income/money (i.e. activities too costly)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
d. Not enough friends/family to do social activities with	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Another way of understanding why someone might be isolated is to get a sense of their the barriers to being socially active.



WHO'S AT MY DOOR PROJECT

WHO'S AT MY DOOR: WHY?

- Personal frustration at trying to understand how to help the extremely isolated
- Talking to community organizations, people, about the issue
 - How do we find the extremely isolated?
 - Who is in a position to encounter extremely isolated?
 - What are the challenges when we do find people and they want help?



WHO'S @ MY DOOR PROJECT: RESEARCH QUESTIONS

- 1) Which groups/organizations might encounter extremely socially isolated/lonely individuals?
- 2) Do these groups recognize that they are in such a position? [Is isolation or other related concerns important to their organization?]
- 3) If yes, what might they do about isolation or related concerns? Is there a process of identifying, assisting, tracking?
- 4) Challenges?



WHO'S @ MY DOOR PROJECT: WHICH GROUPS?

- 1) Which groups/organizations might encounter extremely socially isolated/lonely individuals?

Frontline

- Those who isolated might access
 - E.g., GPs, pharmacists, bankers
- Those who might encounter isolated in own homes: @ the Door
 - Meals on Wheels
 - Winnipeg housing
 - **Police, Paramedics**

(RCMP, Homecare)



WHO'S @ MY DOOR PROJECT: RECOGNITION OF PROBLEM

Police/Paramedics

2) Do these groups recognize that they are in such a position?

[Is isolation or other related concerns important to their organization?]



RECOGNITION OF SOCIAL ISOLATION: POLICE



Yes, absolutely social isolation recognized:

- Vulnerable Persons Coordinator
- Provides training to new police force members
- Works with frontline police officer and social worker

However, there will be some other factor that contributes to police being called in, not just loneliness or mental health or physical problem. As noted:

"The isolation component is not something we get the first call for, but we would find that as a contributing factor that leads them to where they find themselves now."

RECOGNITION OF SOCIAL ISOLATION: PARAMEDICS



Yes, absolutely social isolation recognized:

- Part of the rationale for E.P.I.C. program, “Emergency Paramedics in the Community”
- Community paramedicine program focusing on high users of 911; WRHA partnership

“The merging medical problem that might have been addressed did not solve the “root” of the problem...lack of food, elder abuse, isolation. Emergency care dealt with the emergent incident but did not tie into a holistic approach.”

“Social isolation may result in frequent use of 911.... So addressing social isolation is a preventative approach for us in terms of illness and future callers.”

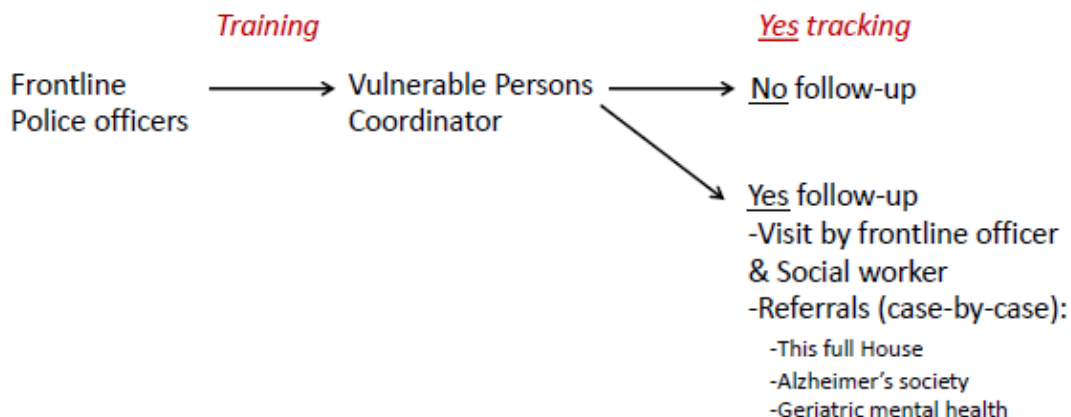
WHO’S @ MY DOOR PROJECT: REPORTING AND ASSISTING

3) What might these organizations do about isolation or related concerns?

Is there a process of identifying, tracking, and assisting?

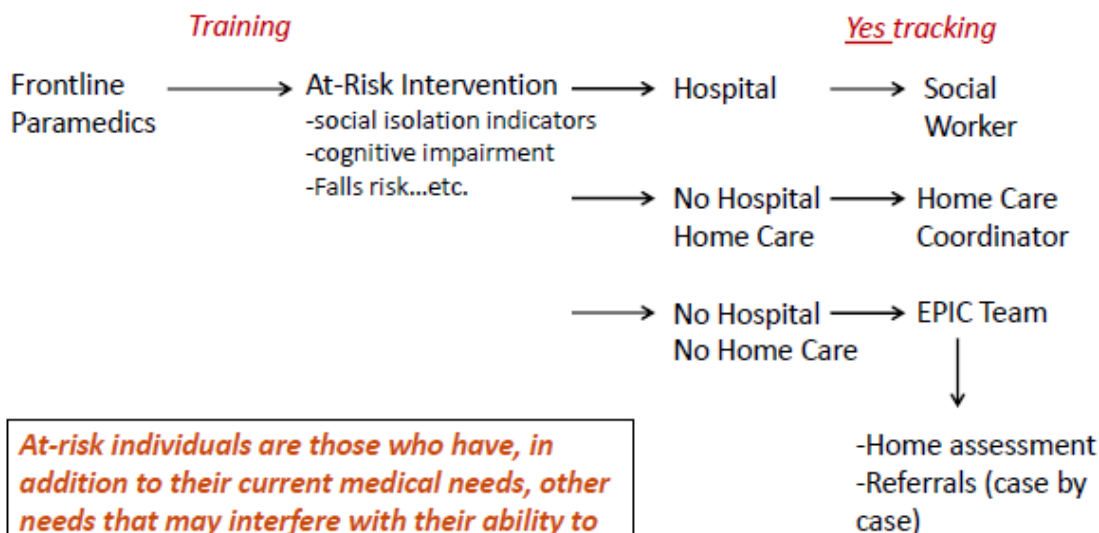


PROCESS FOR REPORTING AND ASSISTING: POLICE



“For our unit, if we know that it is an older adult and if we think there is social isolation, we follow-up. 90% of the work we do is addressing social isolation.”

PROCESS FOR REPORTING AND ASSISTING: PARAMEDICS



At-risk individuals are those who have, in addition to their current medical needs, other needs that may interfere with their ability to access or receive medical care currently or in the future.

At-Risk Intervention Guide, p. 1

CHALLENGES REPORTED BY ORGANIZATIONS “AT THE DOOR”


- Mental Health
- Working in Silos
- Privacy Laws
- Too Many 911 Calls: 611?/Social Emergency

“A call to 911 might not be the appropriate way to get help for this person.”

“Dealing with these types of calls are not part of our primary training as police officers. We are not in a service of dealing with someone who is hoarding or has dementia, or anxiety attacks. Our frustration comes from not having the right tools to respond or to give that type of service.”

QUESTIONS

- 1) What is the extent of isolation? Extreme Isolation?
- 2) What are we doing about it?
- 3) Is what we are doing working?
- 4) Challenges?
- 5) Prevention
- 6) Link between mental health and isolation
- 7) Factors leading to (extreme) isolation



THANKS!

Contact me:
Nancy Newall
Email: NewallN@brandonu.ca

Appendix Six – Story Telling Social Engagement Initiatives

Initiative Name: Connect Program, A & O Support Services for Older Adults

Presenter: **Amanda Macrea**, CEO & **Michelle Ranville**, Manager of Community Services



A&O

Support Services for Older Adults

November 6, 2015

**12th Annual Support Services To Seniors
Planning Day**

Connect Program



A&O

3 Pillars of Innovative Programs & Services:

1. Safety & Security
2. Social Engagement
3. Counselling



Social Engagement

Programs Include:

- Senior Centre Without Walls
- Entry Program for Older Adult Immigrants
- **Connect Program**



Why the Connect Program?

- Formerly the Friendly Visiting Program – established in the 1960's
- Restructured – Connect Program - 2012
- Needs of older adults have changed – issues are more complex:
 - Mental health
 - Dementia
 - Alzheimer's
 - Elder Abuse
 - Clients are aging in place



Connect Program

Connect Program - Agency Registered Social Workers (RSW's) assist socially isolated older adults living within the community in Winnipeg, connecting them to resources that will facilitate independent living. Clients of the program may be connected to:

- Volunteer visitors and callers
- Senior Centre Without Walls
- Safety & Security programs
- Counselling and Support Services
- Community Resources



Partners

- Program is funded by the WRHA
- Referral Sources:
 - Home Care
 - GPAT / GMH
 - EPIC Program
 - Family / Self
 - Hospital Social Workers (discharge planning)
- University of Manitoba's Centre on Aging two year program evaluation (2014 – 16)



Successes

- More thorough assessments by RSW
- Connecting to Senior Centres, Adult Day Program, Senior Centre Without Walls, Handi-Transit, etc.
- Client wait time for a volunteer has been reduced by half



Challenges / Gaps

- Identifying isolated clients
- Client / referral source - program expectations
- Finding volunteers in certain communities (Seven Oaks)
- Finding clients in certain communities (St. Boniface)
- Funding (e.g. cost of Criminal Record Checks increases regularly)



Special Events / Projects

Be a Santa to a Senior Program

- Partnership with Home Instead Senior Care
- Program targets socially isolated individuals that may not receive gifts
- Participant identifies a gift they would like to receive under \$25 (e.g. robe, sweater, slippers, books) and their request is put on an ornament
- Community members pick an ornament off our Christmas tree, purchase the item and wrap it.
- Homemade cards are then added and the gifts are delivered
- A & O provided holiday gifts to over 480 older adults last year



Special Events / Projects

Be a Santa to a Senior Program

Credit Union Central Employees volunteer to wrap gifts for the **BASTAS** program - coordinated through the United Way Day of Caring





Thank you!

Contact info:

Amanda Macrae, CEO & Michelle Ranville, Manager
Community Services

A & O: Support Services for Older Adults

200-280 Smith St.
Winnipeg, MB R3C 1K2
Phone: 204-956-6440
Toll-free: 1-888-333-3121
Fax: 204-946-5667

Initiative Name: Gathering Places Project

Presenter: Adele Spence, Senior Resource Coordinator, St. James Assiniboia Area

The idea for this project grew out of a strong interest on my part from having parents who lived well in to their 90's as well as from chats with children (who lived out of province or busy working) about parents who they noticed were becoming more isolated due to health conditions, no longer driving, friends passing away, not getting out to socialize, and just really not having a purpose in life. I also noticed that many of our clients who requested rides in our Rides for Seniors program were very lonely and isolated. I had chats with our former ED Roxanne Greaves and talked about starting a program to get isolated seniors out of their homes for social engagement. She felt we would be able to get a grant to cover costs. I also connected with Sharon Walters re the project.

A strategic plan was developed with the first priority being the recruitment of volunteers. A general meeting was called in October 2014 with a brief overview of the project. This was to be a project where clients and volunteers were matched to go out to the coffee shop of their choice once or twice a month. The volunteer would pick up the client or meet in the lounge area of a residence. There would be no visitation in their home.

Twelve volunteers filled out application forms, got a CRC, and had an interview. The second meeting with the volunteers involved brainstorming over roles and responsibilities of both the client and volunteer.

Recruitment of clients involved contacting people in the Rides for Seniors Programs, referrals, the centre newsletter as well as during presentations for community groups. A total of 8 clients were recruited and home visits were made with each one. Volunteers were paired with clients according to interests, availability to pick up, and frequency of visits. The clients range in age from 63-99. We had a small amount of money for startup which consisted of paying for all the CRC as well as the coffee. Volunteers are required to submit the receipts. This project was officially launched in January 2015. Clients and volunteers were also brought to the centre for a barbeque on August 28, 2015. Plans

are to have a get together at Xmas with shortbread and hot cranberry cider at the centre. Long range plans are to have the clients and volunteers participate in social events either as a group or part of a larger gathering.

Successes have included the feedback from both volunteers and clients regarding their connections. Sometimes it might involve an hour conversation on the phone if the client does not feel like going out. Other times the outing lasts for 2-3 hours. One volunteer has gone beyond the coffee dates taking her client to concerts. When there is a successful pairing it works for both involved. Another success is partnering with the HART team for referrals and consultations as well as connections in the community

Challenges have been finding clients who are able to go out or live in a residence where there is a common lounge, clients making commitment to going out, pairing of client and volunteer a good fit, mental health issues, volunteers not running errands for the client, time involved for project coordinator to recruit.

At present we are looking in to grants to cover future costs as well as securing donations of gift cards from coffee shops for the volunteers. I am working with Sharon Walters in this area. We are starting off small and celebrating the successes along the way. It has been an awesome experience to be part of this social gathering for our isolated seniors. On occasion I have been asked how I came up with the name. I didn't think much of it until I was searching for some tea the other day and came across some green rooibos with the company Gathering Place. The tea is described as "simply a unique and truly superior tea". The word tea could be substituted with the words social engagement experience.

Imitative Name: Better Access to Groceries (BAG)

Presenters: Cath McFarlane, River East Community Facilitator & Eleanor Stelmack, Healthy Aging Resource Team.

Recently there has been an increased focus on food security issues in the Elmwood/Chalmers Community. We asked our University of Manitoba 4th year nursing practicum students to work on projects related to food security. Some factors they identified were:

- Food prices in this community area are higher than the Winnipeg average, income is lower than the Winnipeg average, and a large portion of the community relies on public transportation or walking.
- The only grocery store in Chalmers is independently owned and run, and may not be priced competitively.

It was recommended that the BAG program be started to address these factors and help bring healthy affordable food into the community

Better Access to Groceries, A.K.A. the BAG Program is a large bulk-buying program which increases access to fruits and vegetables for people in our community.

The Bag program was first championed by the Together In Elmwood Parent Child Coalition, who worked with community partners to get the program up and running. The Chalmers Neighbourhood Renewal Corporation now leads this initiative and meets regularly with its' partners for feedback. The BAG program is offered the first and third Tuesday of the month and at a cost of \$10.00 a bag; fruit and vegetables valued at \$20.00 to \$25.00 is received.

There are three ways of ordering the bag: by phone, by email, or through a standing order. Orders can be picked up at the Chalmers Community Centre, the exception is made for our senior blocks, where delivery is set up.

The program started with 12 orders, now one year later, on BAG's first anniversary, 325 orders are being filled. Though it was started as an idea from the Parent Child Coalition, it is the senior population in our community which has been significantly impacted.

In one Manitoba House Complex, after finding the right champion to promote the BAG program, approximately 20 orders are being filled. The bags are delivered to the block, and this event has now turned into a positive social time for the tenants.

In another senior complex, the champion who promotes the BAG program, remarked, "This has saved my life."

A third senior complex has not been receptive to the BAG program, yet, mainly because we have not found the right champion. But we are hopeful that in time we will.

Appendix Seven: Story Telling: Social Engagement Initiatives:

Small Group Work

1. What do you already do in the community that aligns with increasing social engagement of older adults?

- Gathering places
- Programs/services
 - Apartments – grocery shopping
 - Healthy Aging Resource Team (HART) in the community
 - Community Health focus
 - Connect MB housing apartment blocks
 - River East Seniors Resource Finder - Congregate meal programs
 - Community facilitator
 - Social committee support for self-engaging programs
 - Good Neighbours Active Living Centre
 - Thursday social afternoon with transportation
 - All programming
 - Hob knobs
 - Support Services to Seniors in home education/fun
- Active living program
- Outreach to MB Housing blocks
- Contacts with Support Services and residences
- Building bridges (Youville)
- Friendly call service
- HANS KAI
- Get better together
- Daily Hellos
- Friendly visits
- Lunch 'n' learns
- Brunch club
- Supper club / birthday
- Women / men's club
- Visiting apartments
- Connecting with groups that can identify social isolation (I.e. Red River nursing students)
- Offering small group programming
- Congregate meal program
- Activity calendar
- Grocery store in building for people who can't get out
- Lunch & learn
- Wednesday for seniors
- Regular coffee times
- Presentations
- Tenant councils
- Meal programs
- Games/activities
- Exercise program
 - We now need two classes
- Music
 - Singing in the community

- Bingo day
 - Inter generation with zoo/schools
- Bringing in Winnipeg Harvest
- Presentations
- Art program
- Tenant Associations and their programming
- Merchandise bingo
- Food at programs

2. What do you like to do in the community to work towards “Social Isolation”?

- Find client for friendly service call
- Network with Home Care
- Identifying suitable partners
- Increasing partnerships i.e. Home Care, Police, groups who have access to the people
- Ongoing needs assessment
- Provide resources to help people connect
- Organizations need to find better ways to identify needs with in specific buildings or areas
- Work on inter-agency communication e.g. cross referrals
- Mobile senior centre
- Mental health support group (Partner with Canadian Mental Health Association)
- Hostess for Resource Finder at Access Transcona/ Mall
- Increase social activities in our building
- Increased neighbourhood events
- Provide affordable transportation options
- More outreach
- Identify were isolated are
- Increase resources to expand
- More productive clinics in community (do something with those waiting)
- Sponsorship of social gatherings
- Work with other senior centres
- Go for outings to other communities
- Know other senior centres
- Orientation to Physicians about where to refer

Optimizing the Mental Health & Emotional Wellbeing

**Presentation for Seniors Forum
by WRHA Mental Health Program
November 6, 2015**



**“ MENTAL HEALTH IS THE
CAPACITY OF EACH AND
ALL OF US TO FEEL, THINK
AND ACT IN WAYS
THAT ENHANCE OUR ABILITY
TO ENJOY LIFE AND DEAL WITH
THE CHALLENGES WE FACE.**

**IT IS A POSITIVE SENSE OF
EMOTIONAL AND SPIRITUAL
WELL-BEING THAT RESPECTS
THE IMPORTANCE OF CULTURE,
EQUITY, SOCIAL JUSTICE,
INTERCONNECTIONS AND
PERSONAL DIGNITY”**

**(Public Health Agency of
Canada)**



“There is no health without mental health”

World Health Organization, 2004



**Globally, Nationally & Provincially
PLANS are established to improve the
Mental Health of the population by:**

- **promoting emotional wellbeing,**
- **preventing mental disorders,**
- **providing early identification and treatment**
- **supporting recovery of persons with mental disorders**

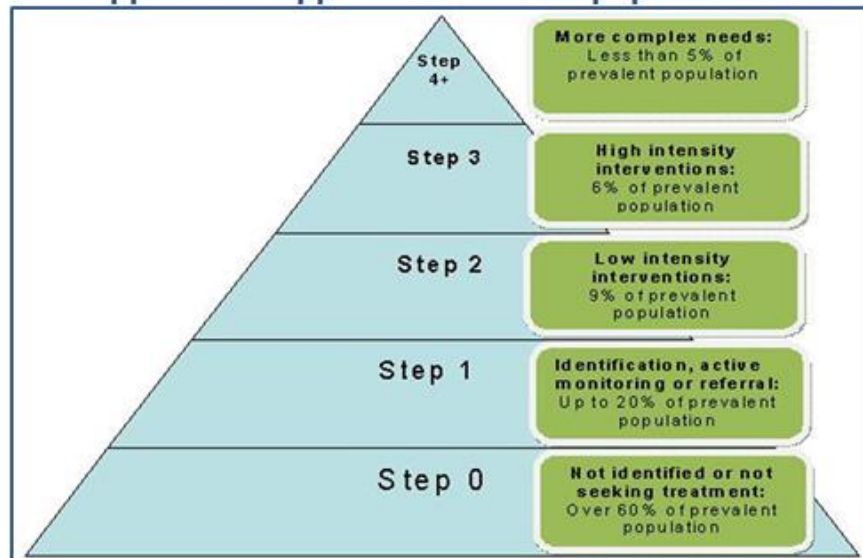


Intent of the Mental Health Strategic Plans are to create equity for all:

- for the best chance to reach a state of wellbeing,
- realize their potential,
- cope with normal life stresses,
- work productively and
- make a contribution to community life



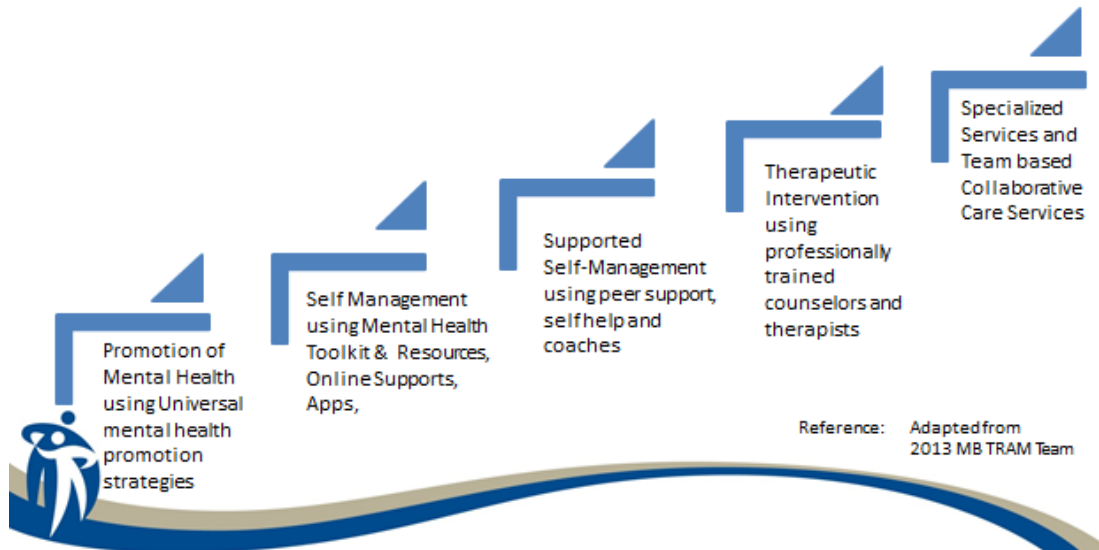
UK's Stepped-care Approach estimates population needs



Estimated proportion of the prevalent population with common mental health disorders who will enter each step of care, Commissioning stepped care for people with common mental health disorders, National Institute for Health and Care Excellence, (NICE), UK, 2011



Mental Health Stepped Care Approach



Steps to maintain wellness & prevent illness

Universal mental health promotion strategies

Supporting the Mental Health Determinants of Health:

- Sleep, diet, exercise,
- family & social connections,
- meaning and purpose,
- work and pleasure
- cognitions

Self Management using Mental Health Toolkit & Resources, Online Supports, Apps,

- Education on Mental Health Conditions
- Stress management
- Info on Relapse Prevention

Action Plans: create **website** to facilitate provider & patient access to information and **online resources**



Steps to support self management of symptoms

Toolkit & Resources

- Mental Health Literacy
- Mental Health First Aid
- Trauma Toolkit
- Psychosocial Response to public Health Events
- System Navigation

Supported Self Managed Care

Materials for use by coaches, peer supports and self help, clergy, teachers and health care providers:

- Screening & Early Detection
- Brief Treatment approaches
- Health Behavioral Change

Action Plans: develop materials and enhanced access to assist with self management. One new example is Bounceback which provides self guided Cognitive Behavioral Treatment DVD & Manuals as well as trained coaches to provide individual telephone support or workshops for group support



Steps for Mental Health Provider Interventions

Therapeutic Interventions

Evidence based therapeutic responses to:

- Anxiety & Depression
- Trauma & Addictions
- Perinatal MH
- Grief and loss
- Relationship & workplace issues

Specialized Services

Specialized responses to:

- Acute symptoms not responding to routine interventions
- Severe & Persistent Mental Illnesses including psychosis

ACTION: Develop **clinical pathways** and collaborative Mental Health teams to provide consultation, short term and longer term follow up as well as **system navigation**. Examples of a new service would be geographic based **mental health team** with access to psychiatric consultation including **phone consultation** such as a RACE model



WRHA Adult Mental Health Program Hospital-based Services Profile

Inpatient Services

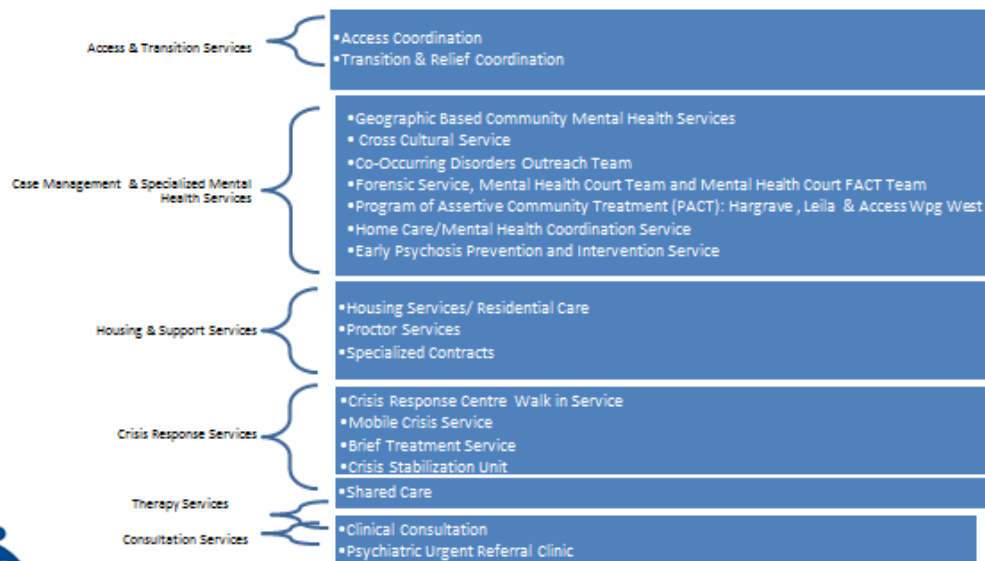
- 154 general inpatient beds in 5 sites
- 20 extended treatment beds
- 14 forensic beds
- 19 geriatric mental health beds
- 11 addictions beds
- Emergency Rooms – Psychiatric Emergency Nurses & Psychiatry Consultation

Outpatient Services

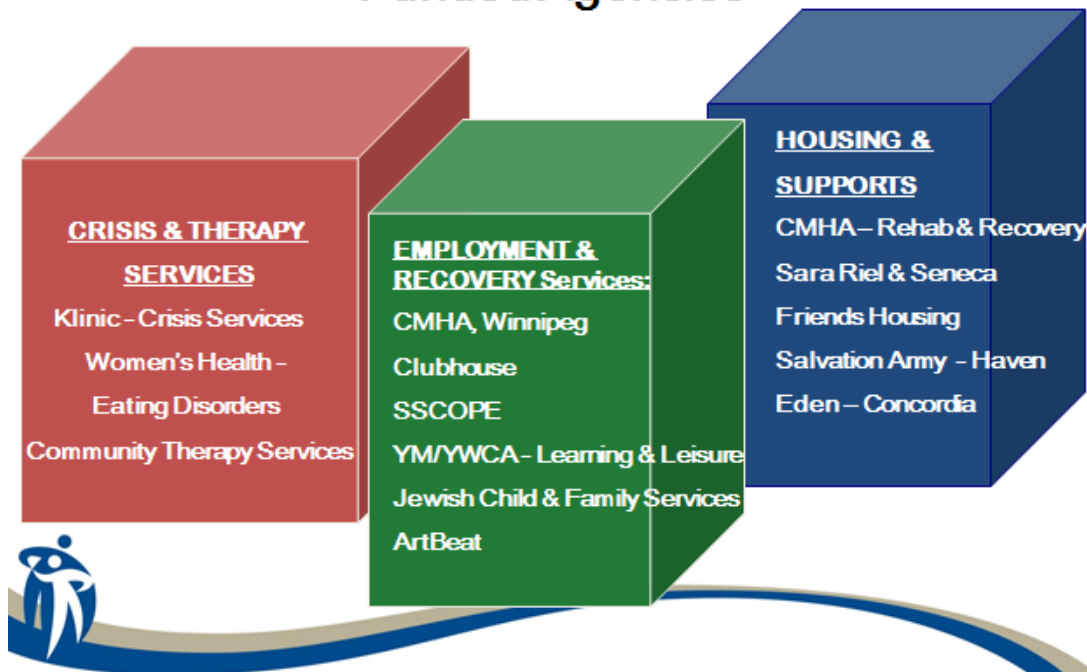
- General Psychiatry
- Geriatric Psychiatry
- Mood Disorders
- Anxiety Disorders
- Eating Disorders
- Forensics
- Short-term Assessment & Treatment
- Schizophrenia Treatment & Education
- Community Liaison Team



WRHA Adult Mental Health Program Community-Based Services Profile



WRHA ADULT MENTAL HEALTH Funded Agencies



New Service Delivery Model

Working closely with primary care, a new collaborative team of interdisciplinary staff will provide a stepped care, population based approach to mental health service delivery within a geographic area to provide:

- Direct service delivery - clinical interventions
- Capacity building - supporting other services and supports
- Service navigation and responding to community needs

Integrated Community Mental Health Team

- Team Leadership & Administrative Support
- Psychiatry
- Community Mental Health Workers
- Clinician Case Managers
- Transition Workers
- Brief Treatment
- Shared Care
- Mental Health Promotion and Illness Prevention
- Support Worker (a combination of paraprofessional & peer supports)
- Child and Adolescent Mental Health
- Clinical Health Psychology



Demonstration Project at Access Winnipeg West (AWW)


- New team is to start in fall 2015
- Intent is to demonstrate the stepped care approach to improve access to evidence based practices
- The plan is to expand the approach to all other areas in Wpg as the resources become available so that there is equitable access to consistent, evidence informed population-based approach to mental health service delivery close to home.





**Together – we can optimize the
emotional wellbeing of the population**





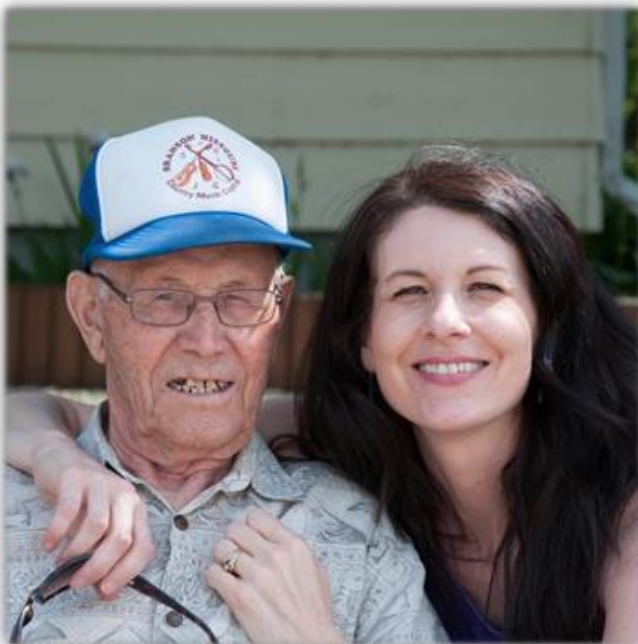
enjoy **LIFE** more

THRIVE Over 55

Laurie McPherson, Acting Manager
WRHA Mental Health Promotion

Mental Health Programs Programmes de santé mentale
Winnipeg Regional Health Authority Office régional de la santé de Winnipeg
Caring for Health À l'écoute de notre santé

My DAD, 93
and going
strong!



enjoy LIFE more

What is Positive Mental Health?

- ✓ Flourishing
- ✓ Sense of Well-being and Resiliency
- ✓ Quality of Life and Balance

Something we all want at any age



Mental Health Programs Programmes de santé mentale
Winnipeg Regional Health Authority Office régional de la santé de Winnipeg
Caring for Health À l'écoute de notre santé

enjoy LIFE more

Positive Mental Health

Mental Health is the capacity of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.

Public Health Agency of Canada, 2006



Mental Health Programs Programmes de santé mentale
Winnipeg Regional Health Authority Office régional de la santé de Winnipeg
Caring for Health À l'écoute de notre santé

Mental Health Promotion

- The process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health.
- Mental Health promotion uses strategies that foster supportive environments and individual resilience while showing respect for culture, equity, social justice, interconnections and personal dignity.

Joubert et al., 1996

BUILDING CAPACITY

Goals of Mental Health Promotion

- ✓ To increase resilience and protective factors
- ✓ To decrease risk factors
- ✓ To reduce inequities

Best Practice Guidelines for Mental Health Promotion Programs: Older Adults 55+, CAMH, 2010



Increasing resilience and protective factors

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

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



Best Practice Guidelines for Mental Health Promotion Programs: Older Adults 55+, CAMH, 2010

Decreasing risk factors

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

- anxiety
- depression, grief
- isolation, loneliness, lack of support
- stress and distress
- sense of helplessness
- abuse and violence
- problematic substance use
- suicidal ideation or history of suicide attempts



enjoy LIFE more

Changes & Transitions:

the situations and events
that can cause stress

As people age, there are **changes** and **transitions**:

- Retirement
- Children moving out...and back
- Physical or mental health challenges
- LOSS can be expected in different life areas



enjoy LIFE more

Other issues impacting Mental Health in Later Life

- Social isolation
- Functional decline
- Substance abuse
- Elder abuse
- Family /caregiver stress
- Changing life situations
- Financial insecurity
- Depression

Reference: Supporting Seniors Mental Health, CMHA 2002



Mental health promotion also aims to **reduce inequities** and their consequent effects on mental health

Inequities are often based on:

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



Mental health promotion attempts to reduce inequities by:

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

Best Practice Guidelines for Mental Health Promotion Programs: Older Adults 55+, CAMH, 2010



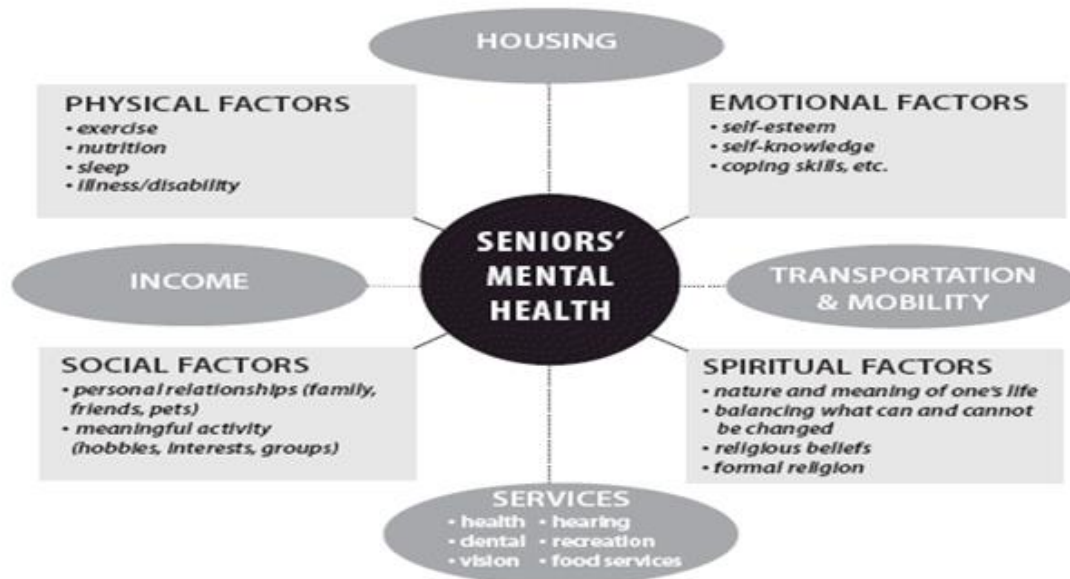
Changes & Transitions

There are also positive changes:

- More time to spend with people we enjoy
- More time to explore hobbies or interests
- Retirement (perception)
- Less responsibility for children



A Framework for Seniors' Mental Health



Promoting Seniors Mental Health, CMHA , 2002



Adjusting to and Embracing Change

Some things we have no control over (e.g. biological age, health predispositions)

Yet other areas of life may be modifiable:

- **Sense of purpose** (volunteering, sharing wisdom)
- **Health** (physical exercise, brain health, nutrition and rest)
- **Social** (activities, interests, hobbies and social connections)
- **Spiritual** (reflection, prayer, religion, meditation)
- **Emotional** (gratitude, optimism, resiliency)
- **Environmental** (nature, nurture, and built environment)



enjoy LIFE more

Best Practice Principles

- Dignity
- Independence
- Participation
- Fairness
- Security

Promoting Seniors Mental Health, CMHA, 2002



enjoy LIFE more

Evidence-informed

Key Learning:

By paying attention to your mental health and by doing simple things each and everyday you can significantly improve your overall well-being.

Mental Health Foundation of Australia (2010)





Copyright WRHA Mental Health Promotion 2014

A WRHA Mental Health Promotion capacity-building project to facilitate embedding evidence-informed mental health promoting approaches and strategies in the everyday work of staff who provide services to older adults in the Winnipeg community.



Thrive over 55 Project Plan

2013 - WRHA Working Group formed to initiate partnership (MHP and Support Services to Seniors)

- 2013 **Review of the literature** completed by Mental Health Promotion
- 2014 **Thrive over 55 product development**, handout and scroll pen (launched at Go 4 Health Expo and Elders Day)
- 2015 **MHP and older adults Information Session** (2 hour session/Feb/15 attended)
- 2015 **Additional Literature review/Pilot One-day workshop March 2015** (Masters of Nursing student facilitated/24 attendees/SurveyMonkey)
- 2015 **Thrive over 55 workshop revisions** (based on participant feedback)
- 2016 **Wider release to service providers Spring 2016**



enjoy LIFE more

Discover

1) Develop a simple plan to learn and explore one new thing (e.g. subject, hobby, skill)

Benefit: Challenges the mind, enhances self-esteem and autonomy, and makes life more interesting



enjoy LIFE more

Physical activity

2) Participate in physical activity each and every day (e.g. walk, stretch, YouTube, DVD or local senior class)

Benefit: Being physically active increases muscle and bone strength and maintains mobility and agility while enhancing mental well-being.



enjoy **LIFE** more

Give & Share

3) Share your gifts, abilities and talents (e.g. acquired skills, wisdom/knowledge, volunteer, or mentor)

Benefit: Sharing acquired expertise benefits the community (recipient) but also the person sharing and giving back as it adds meaning and purpose to one's life post-retirement and amidst role changes.



enjoy **LIFE** more

Reflect

4) Spend time remembering and recalling good memories (e.g. photo albums, writing life story or record a life history video to share with others)

Benefit: Recalling special moments in one's life and the positive feelings and people who shared those moments has health benefits. Reflections like this can ease loneliness and also encourage older adults to re-connect with family and friends.



enjoy **LIFE** more

Gratitude

5) Practice daily gratitude...3 Good Things Exercise to use at the end of day)

Benefit: Teaches the mind to develop an optimism lens and research shows being thankful can also boost immune system functioning.

3 Good Things exercise at the end of the day also ends the day in a peaceful way promoting better sleep



Participant Feedback from the one-day pilot workshop

- “Key concept, discussion on how to integrate in our work, getting comfortable with the words, concept”
- “Interactive, evidence-based, practical”
- “Practicing each promotion strategy allowed me to see what they would be like, before recommending them to clients.”
- “It was nice discussing what mental health is. I believe there are many stereotypes and ideas that may be incorrect. I like that the ideas shared are practical. It affirmed that I should continue to use strategies I had been using.”
- “That it is an upstream focus, which sometimes gets lost in all the loss that are clients experience.”
- “The presentation of the information was well done; easy to incorporate into one's work/practice.”

enjoy LIFE more

Relationships are KEY

Common element in ALL the MHP strategies is to enhance and create **relational opportunities** for the person.

Research shows that even one meaningful relationship can reduce isolation, increase life satisfaction and improve health outcomes.

Building relationships and encouraging connections is KEY!

Promoting Mental Health and Well-being in Later Life, Mental Health Foundation UK, 2006



Mental Health Programs Programmes de santé mentale
Winnipeg Regional Health Authority Office régional de la santé de Winnipeg
Caring for Health À l'écoute de notre santé

enjoy LIFE more

Staff development opportunity:

MHP team is revising the one day interactive workshop on MHP and working with older adults

COMING in 2016! Stay tuned!



Mental Health Programs Programmes de santé mentale
Winnipeg Regional Health Authority Office régional de la santé de Winnipeg
Caring for Health À l'écoute de notre santé

References

- Canadian Mental Health Association Ontario Branch, (2002). *Supporting Seniors' Mental Health: A Guide for Home Care Staff*.
- Centre for Addiction and Mental Health, (2010). *Best Practice Guidelines for Mental Health Promotion Programs: Older Adults 55+*, http://knowledgex.camh.net/policy_health/mhpromotion/mhp_older_adults/Pages/default.aspx
- Keyes, C.L.M. (1998). Social Well-being. *Social Psychology Quarterly* , 61(2).
- Keyes, C.L.M. (2002). The Mental Health Continuum: From Languishing to Flourishing in Life, *Journal of Health and Social Research*, 43.
- Kiraly, S. (2011). Mental Health Promotion for Seniors. *BC Medical Journal* , 53(7).
- MacCourt P., Wilson K., & Tourigny-Rivard M-F. (2011). *Guidelines for Comprehensive Mental Health Services for Older Adults in Canada*. Calgary, AB: Mental Health Commission of Canada. Retrieved from: <http://www.mentalhealthcommission.ca>
- Mental Health Commission of Canada. (2015). *Informing the Future: Mental Health Indicators for Canada*, Ottawa, ON: Author.
- Novek S., Menec, V., Tran, T, & Bell, S. (2013). *Social Participation and its Benefits*. Winnipeg, MB: Centre on Aging, August 2013.
- Seymour, L. & Gale, E. (2004). *Literature & Policy Review for the Joint Inquiry into Mental Health and Well-being in Later Life*. Mentality, Promoting Mental Health, UK.

References

- Pollett, H. (2007). *Mental Health Promotion- A Literature Review*, Working Group of the Provincial Wellness Advisory Council, CMHA.
- Tuokko, T. (2004). *Mental Health Promotion and Prevention: Issues in Application to Older Adults*. University of Victoria Centre on Aging.
- Winnipeg Regional Health Authority, (2007). Population and Public Health, Health Behaviour Change Curriculum.
- VON Canada, (2008). *REACH UP REACH OUT, Best Practices in Mental Health Promotion for Culturally Diverse Seniors*, http://von.ca/special_projects/docs/RR_manual.pdf
- Canadian Coalition for Senior's Mental Health <http://www.ccsmh.ca/en/advocacy/keyPartners.cfm>
Best Practice in Seniors' Mental Health Program and Policy Design Project
- Canadian Coalition for Seniors' Mental Health
<http://www.ccsmh.ca/en/default.cfm>

Appendix Nine: Support Services to Seniors Assigned Table Participant List**Table One:**

Downtown/ Pt. Douglas	Organization
Cristine Schroeder	The Bethania Group
Ewa Wadowska	Winnipeg Housing Rehab Corporation
Jose Chinchillia	West End Active Living
Katharine Tabbernor	Winnipeg Regional Health Authority
Kusela Guitap	Winnipeg Regional Health Authority
Melanie Reimer	Broadway Seniors Resource Council
Sandra Medd	KeKiNan Centre
Patrick Tshiovo	Manitoba Housing
Rose Laferine	Aboriginal Seniors Resource Centre

Table Two:

Downtown/ Pt. Douglas	Organization
Al Pasaluko	West End Active Living Centre
Charlene Krause	Winnipeg Housing Rehab Corporation
Jacque Friesen	Downtown Senior Resource Finder
Samantha Wryha	Broadway Seniors Resource Council
Sheryl Bennett	West End Active Living Centre
Thelma Meade	Aboriginal Seniors Resource Centre
Rita Racano	Manitoba Housing
Vince Sansregret	Winnipeg Regional Health Authority

Table Three:

Fort Garry	Organization
Alanna Jones	Pembina Active Living 55+
Barb Metcalfe	Fort Garry - Seniors Resource Finder
Bob Newman	Pembina Active Living 55+
Patti Berube	Fort Garry - Seniors Resource Finder
Rhonda Bergen	Lindenwood Manor
Sharon Davis	Lindenwood Manor

Table Four:

River Heights	Organization
Amanda Younka	Winnipeg Regional Health Authority
Ashley Derkacz	285 Pembina Inc.
Pam Taylor	285 Pembina Inc.
Chas Van Dyck	South Winnipeg Seniors Resource Council
Samantha Burnet	South Winnipeg Seniors Resource Council
Roberta Malam	Rady Jewish Community Centre

Table Five:

Regional	Organization
Amanda Macrae	A & O: Support Services for Older Adults
Julie Donaldson	Rupert's Land Caregiver Services – Caregiving with Confidence
Norma Kirkby	Alzheimer Society of Manitoba

Rhonda Gardner	Meals on Wheels of Winnipeg Inc.
Richard Denesiuk	Creative Retirement Manitoba
Suzie Matenchuk	Winnipeg Regional Health Authority
Tom Farrell	Manitoba Association of Senior Centre

Table Six:

Regional	Organization
Barry Hammond	Creative Retirement Manitoba
John Nyhof	Alzheimer Society of Manitoba
Colleen Schneider	Winnipeg Regional Health Authority
Connie Newman	Manitoba Association of Multipurpose Senior Centre
Leonard Furber	CNIB
Michelle Ranville	A & O: Support Services for Older Adults
Syva-lee Wildenmann	Rupert's Land Caregiver Services – Caregiving with Confidence

Table Seven:

River East	Organization
Bill De Jong	Good Neighbours Active Living Centre
Cath McFarlane	Winnipeg Regional Health Authority
Jodi Barbosa	Bethania Personal Care Home
Leilani Esteban	Elmwood EK Active Living Centre
Megan Wallace	Support Services in Group Living
Noreen Kohlman	Donwood Manor Elder Persons Housing Inc.
Con Gislason	Elmwood East Kildonan Active Living Centre
Maxim Greenwood	Good Neighbours Active Living Centre
Shelley Hillis	River East - Senior Resource Finder
Susan Sader	Good Neighbours Active Living Centre

Table Eight:

Transcona	Organization
Board Member	Transcona Council for Seniors
Cindy Angus	Support to Seniors in Group Living
Colleen Tackaberry	Transcona Council for Seniors
Eleanor Stelmack	River East Healthy Aging Resource Team
Jan McKinnon	Transcona Council for Seniors
Kathleen Rodrigue	Transcona Council for Seniors
Kathy Rennie	Support to Seniors in Group Living
Tonya Beveridge	Winnipeg Regional Health Authority

Table Nine:

Seven Oaks/Inkster	Organization
Alice Steinke	Brooklands Active Living Centre
Betty Leronowich	Keewatin/Inkster Neighbourhood Resource Council
Bev McCallum	Middlechurch Home of Winnipeg
Board member	Brooklands Active Living Centre
Evan Zarecki	Winnipeg Regional Health Authority
Harvey Sumka	Keewatin Inkster - Seniors Resource Finder
Karen Grant	Gwen Sectar Creative Living Centre
Marilyn Regiec	Gwen Sectar Creative Living Centre

Table Ten:

<u>St. Vital and St. Boniface</u>	<u>Organization</u>
Bria Foster	Community Team Manager-Home Care Nursing
Cesar Gonzales	Youville Centre
Clement Perrault	Le Conseil de francophones 55+
Georgette Dupuis	Centre de Sante

Table Eleven:

<u>St. James/Assiniboia/ Assiniboine South</u>	<u>Organization</u>
Adele Spence	St. James Assiniboia - Seniors Resource Finder
Laurie Green	St. James-Assiniboia Healthy Aging Resource Team
Lorna Shaw-Hoepfner	St. James-Assiniboia Healthy Aging Resource Team
Sharon Walters	Winnipeg Regional Health Authority
Shelia Hunter	Metropolitan Kiwanis Courts
Ted Stoyko	Metropolitan Kiwanis Courts
Tonya Beveridge	Winnipeg Regional Health Authority

Table Twelve:

<u>Presenters/Facilitators</u>	<u>Organization</u>
Jeanette Edwards	Winnipeg Regional Health Authority
Madeline Kohut	Winnipeg Regional Health Authority
Kathy Henderson	Winnipeg Regional Health Authority
Susan Chipperfield	Winnipeg Regional Health Authority
Laurie McPherson	Winnipeg Regional Health Authority
Laurie Unrau	Senior and Health Aging Secretariat
Val Steeves	Senior and Health Aging Secretariat
Nancy Newall	University of Brandon