



# Applying the Guidelines for Comprehensive Mental Health Services for Older Adults in Canada during COVID-19



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

## Acknowledgements

This document was created in collaboration with the Canadian Coalition for Senior's Mental Health and supported by the Mental Health Commission of Canada's Subject Matter Expert Advisory and Reference Group on Seniors' Mental Health.

Ce document est disponible en français

Citation information

Suggested citation: Mental Health Commission of Canada. (2021). Applying the Guidelines for Comprehensive Mental Health Services for Older Adults in Canada during COVID-19. Ottawa, ON.

© 2021 Mental Health Commission of Canada

*Financial contribution from*



The views represented herein solely represent the views of the Mental Health Commission of Canada.

ISBN: 978-1-77318-251-3

Legal deposit National Library of Canada

## Background

While mental health in older adults is as important as mental health in any other stage of life, it does not always receive the attention and services that it requires. COVID-19 has disproportionately impacted older adults in Canada, with most COVID-19 deaths occurring in long-term care homes. COVID's most obvious effects have been on physical health, but the pandemic has also had a profound impact on the mental health of older adults. It is crucial that the health care system responds to the current and future mental health impacts of this pandemic by working towards an integrated service system that promotes wellbeing, incorporates prevention and early intervention, and delivers high-quality care through a range of health, mental health, and social services.

## The Guidelines

The Guidelines for Comprehensive Mental Health Services for Older Adults in Canada (the Guidelines) provide evidence-based recommendations to service providers and policy makers on ensuring a comprehensive service system that is inclusive of the mental health of older adults in a variety of settings. The principles and recommendations from the Guidelines can be used as a guide to better support older adult mental health in pandemic and post-pandemic realities.

This tool highlights seven areas where COVID-19 has had significant impacts on older adult mental health, and contextualizes each within current realities by discussing (1) what we already know about each of these topics, (2) how COVID-19 might be impacting these areas, and (3) how the Guidelines can be leveraged to guide action around these areas. These seven areas are:

- Social Isolation
- Mental health problems and illnesses
- Dementia and Neuro-Cognitive Disorders
- Residential Care/Long-Term Care
- Caregivers
- Ageism and,
- Priority Populations

## Contents

---

Social Isolation	5
Mental Illness	7
Dementia and Neuro-Cognitive Disorders	10
Residential Care/Long-Term Care	12
Caregivers	15
Ageism	17
Priority Populations	19
References	21



## Social Isolation

---



### What do we already know about the social isolation of older adults?

- An estimated 30% of Canadian seniors are socially isolated or at risk of becoming so.<sup>1</sup>
- Social isolation can have negative impacts on physical health, mental health, and quality of life, and can cause emotional distress due to loneliness and depression.<sup>2,3</sup>
- The Canadian Longitudinal Study on Aging found that with participants aged 75 and above, 30.8% reported being lonely, which was strongly associated with the study's depression screen.<sup>4</sup>
- Older adults with existing physical and mental health issues were identified as being at higher risk for social isolation.<sup>5</sup>
- First Nations, Inuit and Métis (FNIM) seniors, seniors who are immigrants or newcomers to Canada, and 2SLGBTQ+ seniors were also identified as being at higher risk for social isolation.<sup>5</sup>



## How might COVID-19 be impacting the social isolation of older adults?

- As per government regulations and recommendations, individuals have had to isolate from others outside of their household for an extended period, resulting in a lack of social contact.
- Older adults living in the community likely have less contact with family and friends due to taking extra precautions.
- Older adults in residential care facilities have been prohibited from having in-person visits from outside caregivers and loved ones, and most structured institutional social activities have been curtailed or put on pause within care facilities in Canada during the pandemic.
- Many supportive and social communities formed by older adults prior to COVID-19 may no longer exist due COVID-related restrictions and efforts to prevent the spread of COVID.
- Individuals living in residential care and their families have experienced emotional distress due to loneliness and separation.<sup>6</sup>
- Staffing shortages have negatively impacted quality of care in residential care.

### Based on the Guidelines, what can we do about these impacts to the social isolation of older adults?

- ✓ **Make specific, targeted efforts to integrate and reinforce factors that are known to be protective against social isolation (i.e., housing, physical health, access to services, sense of value and purpose, etc.).<sup>3</sup>**
- ✓ **Create alternative, senior-friendly options for connection with new and existing social networks and services whenever possible, such as using technology (telephone, web-based) or planning distanced visits.**
- ✓ **Partner with other groups or municipalities to create programming for older adults that allows them to build and strengthen relationships, interests, and skills.**
- ✓ **Encourage active participation within communities as possible.**



## Mental Illness

---



### What do we already know about mental health problems and illnesses among older adults?

- In 2016, more than 1.8 million Canadians aged 60 and above had a mental health problem or illness.<sup>7</sup>
- Risk factors for mental illness include: the death of an intimate partner; dementia or neurocognitive disorders; a sudden, critical life event such as victimization or a health crisis; or the threat or fear of loss.<sup>8</sup>

### Depression

- Depression is the most common mental health problem among older adults and is experienced by as many as one in five older adults.<sup>8,9</sup>
- For older adults, depression often includes cognitive and physical changes, loss of interest in previously enjoyable activities, memory problems, disturbed sleep, decreased energy or excessive tiredness, decreased appetite, and thoughts of suicide.<sup>8</sup>
- Risk factors linked to depression for older adults are poor physical health, pain, and disability that limits their capacity to engage in life (social isolation).<sup>9</sup>

## Suicide and Intentional Self-Harm

- The suicide rate for men 80 and older is significant at 21.5 per 100,000, and 24.8 per 100,000 for males over 90.<sup>9</sup>
- Suicidal behaviour (i.e., intentional self-harm) and suicidal ideation is associated with physical illness and functional disability in older adults above the age of 65.<sup>10</sup>
- Each year, approximately 1,000 older adults in Canada are admitted to hospitals due to intentional self-harm.<sup>10</sup>

## Anxiety

- People 65 and older have the highest rate of hospitalizations for anxiety disorders.<sup>8</sup>

## Alcohol and Drug Use

- Between 6 and 10 per cent of older adults have a problem with alcohol misuse.<sup>8</sup>
- Substance misuse can result in acute and longer-term cognitive impairment, depression, or anxiety, and may contribute to falls, accidents, or fractures.<sup>8</sup>
- Prescribed medications to manage chronic pain, anxiety, or sleep difficulties can also cause substance dependence and complications.<sup>9</sup>
- Between 15 and 30 per cent of people with major late-life depression have an alcohol use problem.<sup>9</sup>



## How might COVID-19 be impacting mental health problems and illnesses among older adults?

- Older adults already diagnosed with a mental illness may experience worsening symptoms due to the uncertainty, fear, and isolation surrounding COVID-19.
- COVID-19 by its nature (sudden critical life event) and its attendant consequences (such as loss and threat/fear of loss) may cause or worsen mental illnesses in older adults.
- Older adults more strongly impacted by the lockdown measures taken (i.e., residents in long-term care) may be at higher risk for mental illness.
- Older adults may be coping with grief and bereavement due to loss of friends and loved ones.
- A survey by the Red Cross shows that vulnerable seniors (identified as living alone and having self-rated their health as fair or poor prior to COVID-19) were experiencing higher levels of anxiety, restlessness, uneasiness, sadness, depression, and hopelessness at the beginning of the pandemic in April 2020.<sup>11</sup>

- Canadians of all ages consumed more alcohol and cannabis over a one-month period during the pandemic than before the pandemic.<sup>11</sup>
- Given increased levels of stress, isolation, and loneliness, it is possible that people (including older adults) may be turning to substances as a coping tool.
- There have been reports of an increase in prescriptions and use of antipsychotics, anti-depressants, and benzodiazepines for older adults over the course of the pandemic.<sup>12</sup>

## Based on the Guidelines, what can we do about these impacts to the mental health of older adults?

- ✓ Acknowledge that older adults have been going through a sudden and major transition (coping with COVID-19, potentially dealing with bereavement and changing social networks, increased social isolation), and ensure timely access to needed mental health resources so they have the capacity to cope.
- ✓ Use the Seniors' Mental Health Policy Lens as a tool to assess existing and new policies, programs, and services for a post-COVID-19 environment.
- ✓ Include older adults and their caregivers in policy and program creation, as well as review of any policies that were implemented during the COVID-19 pandemic.
- ✓ Reinforce factors that protect mental health.
- ✓ Increase public awareness of the current state of mental health for older adults, as well as create anti-stigma strategies.
- ✓ Provide education and training to older adults, caregivers, and the public regarding mental health risk factors, symptoms, treatments, and coping strategies to develop personal skills and a better understanding of mental health, as well as potentially lessen the impact of mental illness through early identification.
- ✓ Provide education and information to health care providers (family health teams, physicians, front-line services, etc.) about risk factors for mental illness, screening instruments as part of routine care for older adults and referring to appropriate mental health services as needed.
- ✓ Provide information in various formats (paper, web-based) regarding the range of mental health services available to older adults.
- ✓ Partner and collaborate with health and social agencies as well as municipalities to pool resources and help ensure accessible and appealing options to support older adults.
- ✓ Use and enhance technology-based methods of care (telenursing, telepsychiatry, information phone lines, web portals, support groups), as they can provide more accessible levels of care in both urban and rural communities.
- ✓ Re-establish opportunities for older adults to be involved in their communities (via telephone or web-based communication if physical distancing must occur).



## Dementia and Neuro-Cognitive Disorders

---



What do we already know about older adults with dementia and neuro-cognitive disorders?

- 70% of residents of long-term care homes have dementia.<sup>13</sup>
- Up to 90% of persons affected by dementia will develop a mood or behaviour problem severe enough to require treatment or intervention during the course of their illness.<sup>9</sup>
- Early identification of a mental health problem or illness and neurocognitive problems can help slow functional decline and prevent complications.<sup>8</sup>
- Groups that provide information about dementia, how to cope, and available services are beneficial for individuals with dementia.<sup>8</sup>
- Support groups where individuals can share their feelings with peers, as well as memory groups, have been regarded as beneficial.<sup>8</sup>



## How might COVID-19 be impacting older adults with dementia and neuro-cognitive disorders?

- The impact of COVID-19 on individuals with dementia and on new diagnoses of dementia in Canada is still unclear.
- A survey completed in Italy with patients at a memory clinic demonstrated that a significant number of patients with dementia experienced cognitive deterioration during the first month of lockdown as well as worsening symptoms of dementia.<sup>14</sup>
- Dementia and dementia-related behaviours may increase risk for COVID-19, due to challenges in implementing precautions like handwashing or wearing a mask.<sup>15</sup>
- Many support groups for individuals with dementia have moved to technology-based formats, which may have affected accessibility.

### Based on the Guidelines, what can we do about these impacts to older adults with dementia and neuro-cognitive disorders?

- |   |  |
|---|--|
| ✓ <b>Create and maintain web-based or telephonic support groups for individuals with dementia to ensure ongoing support, even with physical distancing policies in place.</b> | ✓ <b>Practice mental health promotion by providing information and education regarding the symptoms and warning signs of dementia to older adults, caregivers, and other carers.</b>   |
| ✓ <b>Provide information and guidance specific to individuals with dementia regarding coping with isolation and new procedures created due to COVID-19.</b>                   | ✓ <b>Provide early identification and treatment information to health care providers (family health teams, physicians, front-line services, etc.) that includes the use of screening tools and the psychological and behavioural symptoms of dementia.</b> |



## Residential Care/Long-Term Care

---



### What do we already know about residential and long-term care?

- In 2016, 425,755 Canadians lived in long-term care (LTC), assisted living facilities, or retirement homes.<sup>13</sup>
- Employment in LTC is typically part-time, low wage, and without benefits, which contributes to high levels of staff turnover, which in turn affects the continuity of care for residents.<sup>13</sup>
- There has been a long-time need for more staff, better training, job security for workers, and more options for delivering care.<sup>16, 18</sup>
- Many LTC homes are privately owned and operated, but heavily regulated by provincial governments. These regulations include extremely detailed documentation and information gathering requirements. As LTC homes are often under-resourced, meeting these requirements can be draining for staff who are already stretched thin.<sup>16, 17</sup>
- Lack of resources in LTC will impact the level of care that residents receive for both health and mental health-related illnesses.<sup>18</sup>
- Many workers in LTC do not have the knowledge and skills to manage mental health symptoms and behaviours.<sup>16</sup>
- There is an increasing need for LTC beds, and this will continue as our population ages.<sup>18</sup>
- Seniors living in LTC homes, nursing homes, and personal care homes are at high risk for depression.<sup>3</sup>



## How might COVID-19 be impacting residential and long-term care?

- Approximately 8 in 10 COVID-19 related deaths in Canada were in long-term care (LTC).<sup>19</sup>
- In early July 2020, The National Institute of Ageing reported that more than 18,000 COVID-19 cases and 6,851 COVID-19 related deaths among residents of LTC and retirement homes in Canada.<sup>6</sup>
- Lockdown measures have prevented access of family caregivers in care facilities, which may cause an increased risk for both physical and mental health issues.<sup>6</sup>
- Lockdown measures in LTC may have prevented psychogeriatric specialists from visiting facilities to provide mental health support to residents.<sup>16</sup>
- Workers in LTC are stretched thinner as the care that family caregivers typically provide is now unavailable.<sup>16</sup>
- In a separate report, employees in LTC homes indicated that the unavailability of additional care that family caregivers typically provide was sudden and significant.<sup>6</sup>
- Prior to vaccinations, LTC workers were at a higher risk of COVID-19 infection, which led to higher levels of stress, illness and absenteeism.<sup>16</sup>
- Even as public reopening measures are taken across the country, many LTC homes are maintaining various lockdown measures, and the residents and workers may continue to be impacted disproportionately by COVID-19.

## Based on the Guidelines, what can we do about these impacts to residential and long-term care?

- ✓ Use the Seniors' Mental Health Policy Lens as a tool to assess existing and new policies, programs, and services.
- ✓ Use recommended benchmarks to ensure that existing services, staffing, and resource deployment are adequate to properly care for the functional, cognitive, and emotional needs of older adults.
- ✓ Ensure that all workers are educated and have access to information about risk factors for mental health problems and illnesses, using screening instruments as part of routine care for older adults, and referring to appropriate mental health services when needed.
- ✓ Reintegrate caregivers into the lives of residents in long-term care by re-exploring existing policies on visitation and family presence.<sup>6</sup>
- ✓ Increase funding to provide adequate levels of individualized care that supports the specific physical, functional, social, and emotional needs of each resident.<sup>6</sup>
- ✓ Provide workers with access to clinical consultations, supervision, mentoring, healthy work environments, and sufficient resources to enable them to provide needed compassionate care.
- ✓ Re-establish individual and system-level principles and values into programs and supports that may have been diminished during COVID-19 (i.e., social inclusion, participation, accessible, self-determination).
- ✓ Partner and collaborate with other agencies and municipalities to pool resources and provide a variety of supports and recreational options for residents, including technology-based options.



## Caregivers

---



### What do we already know about caregivers of older adults?

- Family caregivers provide more than 80% of older adult care and contribute more than \$5 billion in unpaid labour to the health care system.<sup>8</sup>
- Caregivers provide support to loved ones living in their home or elsewhere in the community, but many also provide significant medical, emotional, and physical support to loved ones in residential settings.<sup>20</sup>
- Family caregivers regularly experience the following frustrations and concerns:
  - Lack of information about mental health problems and illnesses, what to expect, and how to manage symptoms.
  - Services are often disconnected or lack continuity
  - Over-assessment due to poor communication among service providers
  - Poor accessibility, availability, and affordability of resources and services, including long wait times
  - Lack of flexible home support services
  - Lack of support for caregivers
  - Inflexible policies lacking compassion.<sup>8</sup>



## How might COVID-19 be impacting caregivers of older adults?

- A study completed in the US found that family caregivers reported experiencing higher levels of social isolation, anxiety, depression, fatigue, worry, fear, and sleep disturbance compared to non-caregivers.<sup>21</sup>
- The US study also found that many caregivers have had to increase their caregiving responsibilities, likely due to the closure of many programs and supports.<sup>21</sup>
- Family caregivers were found to be more likely to take precautions (such as physical distancing) due to worries of getting themselves or their loved one sick.<sup>21</sup>

## Based on the Guidelines, what can we do about these impacts to caregivers of older adults?

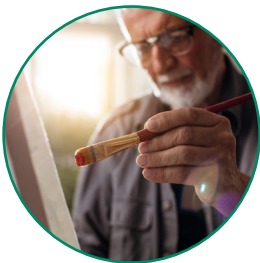
- |  |   |
|--|---|
| ✓ Acknowledge and value family caregivers as partners in the care of older adults.   | ✓ Offer support services for caregivers, accessible via telephone or web-based services.  |
| ✓ Acknowledge the impacts that COVID-19 may have had on the mental health of caregivers.   | ✓ Provide information about mental health problems and illnesses, and how COVID-19 may impact the mental wellbeing of older adults. |
| ✓ As physical distancing measures change and adjust, include family caregivers in policy and program creation, and in decision-making at all levels. | ✓ Provide up-to-date information about supports and services available to older adults.   |

For further information about engaging family caregivers to help reduce service gaps, please see the MHCC's [Promising Practices Guide: Engaging Caregivers in Mental Health and Addiction Services in Canada](#).



## Ageism

---



### What do we already know about ageism?

- The needs of older adults may not be prioritized due to age discrimination.<sup>8</sup>
- Older adults are often viewed as “burdens” rather than important members of the population whose needs must be supported.<sup>22</sup>
- The media has helped spread negative attitudes and stereotypes about older adults.<sup>22</sup>
- The lives of older adults are often seen as less valuable than those of younger individuals.<sup>22</sup>
- Negative age beliefs can impact the stress levels and overall health of older adults.<sup>23</sup>
- Older adults who also belong to other marginalized groups, or who have a mental health problem or illness, may experience additional or overlapping stigma which may contribute to poor health.<sup>8</sup>



## How might COVID-19 be impacting ageism?

- Ageism has taken many forms during the COVID-19 pandemic:
  - Some media and social media have been unsympathetic and dismissive towards the physical and emotional needs of older adults (for example, a hashtag was created and circulated that implied that older adults passing away from COVID-19 was normal and inevitable).<sup>22</sup>
  - Language used is often patronizing and older adults are viewed as “vulnerable”, helpless, and frail.<sup>22</sup>
  - Commentary about the lives of older adults as being expendable in comparison to other age groups.<sup>24</sup>
  - Stories documenting the lives of younger individuals who have passed from COVID-19 have been published and widely shared, while older adults who have passed from COVID-19 are rarely given attention.<sup>22</sup>
  - In contrast, there are also many people recognizing and trying to address underlying ageism that has been highlighted by COVID-19.
- Negative media discourses and other discourses that devalue the lives of older adults can lead to older people feeling undervalued, burdensome, or worthless.<sup>24</sup>

## Based on the Guidelines, what can we do about these impacts to ageism?

- ✓ Treat the diverse needs of older adults as equally important as those of other Canadians when creating policy.
- ✓ Maximize the inclusion of older adults by examining how they are specifically impacted by regulations and current social, economic, and public health conditions.
- ✓ Practice mental health promotion via anti-stigma strategies, public awareness, education and training, and community-based strategies to ensure that the public, older adults, caregivers, and health care providers understand the importance of mental health for older adults.
- ✓ Promote media coverage that addresses older adults in a respectful manner and fosters empathy towards older adults by providing insight to their current experiences during the pandemic.



## Priority Populations

---



What do we already know about older adults who are members of priority populations?

- Every individual's needs and preferences are influenced by their culture and environment.
- 2SLGBTQ+ community members regularly face discrimination, violence, and exclusion.<sup>25</sup>
- Discrimination and racism can have negative impacts on mental health.<sup>26</sup> in the healthcare and mental health care sector, which often results in minority populations having lower ratings for quality of life and poorer health outcomes. This also impedes individuals from accessing appropriate care. <sup>26,27</sup>
- Distinct considerations, information, and services are required for FNIM peoples, people speaking minority languages, 2SLGBTQ+ communities, immigrants, refugees, and other ethnocultural and racialized communities.<sup>9</sup>



## How might COVID-19 be impacting older adults who are members of priority populations?

- COVID-19 has disproportionately impacted minority populations.<sup>28</sup>
- In Ontario, most ethnoculturally diverse areas are experiencing rates of COVID-19 infection three times higher than the least diverse areas.<sup>28</sup>
- Individuals from more ethnoculturally diverse areas diagnosed with COVID-19 are more likely to experience hospitalization (four times higher) and death (two times higher).<sup>28</sup>
- Information shared by the federal and provincial governments has not addressed diverse populations (i.e., information is typically available only in English or French, and it does not address how cultural customs may be impacted at this time).
- LTC is experiencing high levels of COVID-19 cases among workers, and most workers are racialized individuals or newcomers to Canada.<sup>18</sup>
- FNIM peoples in rural or remote areas may be at higher risk of COVID-19 due to inability to properly physically distance due to housing overcrowding, in addition to lack of resources and access to healthcare.<sup>25</sup>
- Members of the 2SLGBTQ+ community may feel further isolated due to physical distancing and lack of access to community supports and programs.<sup>25</sup>

## Based on the Guidelines, what can we do about these impacts to older adults who are members of priority populations?

- |   |  |
|---|--|
| ✓ Include older adults and caregivers from diverse populations in policy and program creation as well as review of any policies that were implemented during COVID-19.                      | ✓ Provide education to service providers regarding cultural awareness and safety, including understanding local contexts and diversity of available resources. |
| ✓ Create information for mental health promotion (i.e., anti-stigma, symptoms, warning signs, treatments, coping tools) that is tailored to differences in language, literacy, and culture. | ✓ Respond to diverse needs as they arise.  |
|   | ✓ Ensure that new and existing mental health services are culturally safe and competent.   |
|   | ✓ Seek mental health workers from ethnoculturally diverse backgrounds.   |

## References

---

1. Keefe, J., Andrew, M., Fancey, P., & Hall, M. (2006). *Final report: A profile of social isolation in Canada*. Centre on Aging. Retrieved from: [https://www.health.gov.bc.ca/library/publications/year/2006/keefe\\_social\\_isolation\\_final\\_report\\_may\\_2006.pdf](https://www.health.gov.bc.ca/library/publications/year/2006/keefe_social_isolation_final_report_may_2006.pdf)
2. Nicholson, N.R. (2012). A review of social isolation: An important but underassessed condition in older adults. *Journal of Primary Prevention*, 33(2-3), 137-152.
3. National Seniors Council (2014). *Report on the social isolation of seniors 2013-2014*. Government of Canada. Retrieved from: <https://www.canada.ca/en/national-seniors-council/programs/publications-reports/2014/social-isolation-seniors.html>
4. Raina, P., Wolfson, C., Kirkland, S., & Griffith, L. (2018). *The Canadian longitudinal study on aging (CLSA) report on health and aging in Canada*. Canadian Longitudinal Study on Aging. Retrieved from: <https://www.clsa-elcv.ca/doc/2639>
5. Federal/Provincial/Territorial Ministers Responsible for Seniors. (2017). *Social isolation of seniors, Volume 1*. Retrieved from: <https://www.canada.ca/en/employment-social-development/corporate/partners/seniors-forum/social-isolation-toolkit-vol1.html>
6. Canadian Foundation for Healthcare Improvement, Canadian Patient Safety Institute. (2020). *Reimagining care for older adults: Next steps in COVID-19 response in LTC and retirement homes*. Retrieved from: <https://www.cfhi-fcass.ca/about/news-and-stories/news-detail/2020/07/20/re-imagining-care-for-older-adults-next-steps-in-covid-19-response-in-long-term-care-and-retirement-homes>
7. Mental Health Commission of Canada. (2017). *Strengthening the case for investing in Canada's mental health system: Economic considerations*. Retrieved from: [https://www.mentalhealthcommission.ca/sites/default/files/2017-03/case\\_for\\_investment\\_eng.pdf](https://www.mentalhealthcommission.ca/sites/default/files/2017-03/case_for_investment_eng.pdf)
8. MacCourt P., Wilson K., & Tourigny-Rivard M-F. (2011). *Guidelines for comprehensive mental health services for older adults in Canada*. Mental Health Commission of Canada.
9. Mental Health Commission of Canada. (2019). *Summary: Guidelines for comprehensive mental health services for older adults in Canada*. Retrieved from: [https://www.mentalhealth-commission.ca/sites/default/files/2020-04/Summary\\_Senior\\_Guidelines\\_Eng.pdf](https://www.mentalhealth-commission.ca/sites/default/files/2020-04/Summary_Senior_Guidelines_Eng.pdf)
10. MHASEF Research Team. (2018). *Mental health and addictions system performance in Ontario: A baseline scorecard*. Institute for Clinical Evaluative Sciences. Retrieved from: <https://www.ices.on.ca/Publications/Atlases-and-Reports/2018/MHASEF>
11. Canadian Red Cross. (2020). *Report: COVID-19 pan-Canadian tracking study*. Retrieved from [https://www.redcross.ca/crc/documents/LegerReport\\_COVID-19-Tracking-Study\\_W3\\_V1\\_2020-06-12.pdf](https://www.redcross.ca/crc/documents/LegerReport_COVID-19-Tracking-Study_W3_V1_2020-06-12.pdf)
12. Stall, N.M., Zipursky, J.S., Rangrej, J., Jones, A., Costa, A.P., Hillmer, M.P., & Brown, K. (2020). *Increased prescribing of psychotropic medications to Ontario nursing home residents during the COVID-19 pandemic*. medRxiv doi: 10.1101/2020.11.26.20239525
13. Hsu, A.T., Lane, N.E., Sinha, S.K., Dunning, J., Dhuper, M., Kahiel, Z., & Sveistrup, H. (2020). *Report: Understanding the impact of COVID-19 on residents of Canada's long-term care homes - ongoing challenges and policy responses*. International Long-Term Care Policy Network. Retrieved from: [https://ltccovid.org/wp-content/uploads/2020/05/LTCcovid-country-reports\\_Canada\\_Hsu-et-al\\_May-10-2020-2.pdf](https://ltccovid.org/wp-content/uploads/2020/05/LTCcovid-country-reports_Canada_Hsu-et-al_May-10-2020-2.pdf)

14. Canevelli, M., Valletta, M., Blasi, M.T., Remoli, G., Sarti, G., Nuti, F., Sciancalepore, F., Ruberti, E., Cesari, M., & Bruno, G. (2020). Facing dementia during the COVID-19 outbreak. *Journal of the American Geriatrics Society*, 68(8), 1673–1676. Retrieved from: <https://onlinelibrary.wiley.com/doi/full/10.1111/jgs.16644>
15. Alzheimer's Association. (2020). *Coronavirus (COVID-19): Tips for dementia caregivers*. Retrieved from: [https://www.alz.org/help-support/caregiving/coronavirus-\(covid-19\)-tips-for-dementia-care](https://www.alz.org/help-support/caregiving/coronavirus-(covid-19)-tips-for-dementia-care)
16. Flint, A.J., Bingham, K.S., & Iaboni, A. (2020). Effect of COVID-19 on the mental health care of older people in Canada. *International Psychogeriatrics*, 32(10), 1113–1116.
17. Dijkema, B. & Wolfert, J. (2019). *People over paperwork: Time, dignity, and other labour market challenges for Ontario's long-term care workers*. Retrieved from: <https://www.cardus.ca/research/work-economics/reports/people-over-paperwork/>
18. Armstrong, P., Armstrong, H., Choiniere, J., Lowndes, R., & Struthers, J. (2020). *Re-imagining long-term residential care in the COVID-19 crisis*. Canadian Centre for Policy Alternatives.
19. Canadian Institute for Health Information. (2020). *Pandemic experience in the long-term care sector: How does Canada compare with other countries?* Retrieved from: <https://www.cihi.ca/sites/default/files/document/covid-19-rapid-response-long-term-care-snapshot-en.pdf>
20. Keefe, J., (2020). *COVID-19 is demonstrating the value of family caregivers*. *Policy Options*. Retrieved from: <https://policyoptions.irpp.org/magazines/may-2020/covid-19-is-demonstrating-the-value-of-family-caregivers/>
21. University of Pittsburgh. (2020). *Effects of COVID-19 on family caregivers: A community survey from the University of Pittsburgh*. Retrieved from: [https://ucsur.pitt.edu/files/center/covid19\\_cg/COVID19\\_Full\\_Report\\_Final.pdf](https://ucsur.pitt.edu/files/center/covid19_cg/COVID19_Full_Report_Final.pdf)
22. Fraser, S., Lagacé, M., Bongué, B., Ndeye, N., Guyot, J., Bechard, L., & Bergeron, C.D. (2020). Ageism and COVID-19: What does our society's response say about us? *Age and Ageing*, 49(5), 692–695.
23. Ayalon, L., Chasteen, A., Diehl, M., Levy, B.R., Neupert, S.D., Rothermund, K., Tesch-Römer, C., & Wahl, H-W. (2020). Aging in times of the COVID-19 pandemic: Avoiding ageism and fostering intergenerational solidarity. *Journals of Gerontology: Psychological Sciences*, 76(2), e49–e52. Retrieved from: <https://doi.org/10.1093/geronb/gbaa051>
24. Brooke, J. & Jackson, D. (2020). Older people and COVID-19: Isolation, risk, and ageism. *Journal of Clinical Nursing*, 29(13-14), 2044–2046. Retrieved from: <https://onlinelibrary.wiley.com/doi/10.1111/jocn.15274>
25. Canadian Human Rights Commission. (2020). *Statement – Inequality amplified by COVID-19 crisis*. Retrieved from: <https://www.chrc-ccdp.gc.ca/eng/content/statement-inequality-amplified-covid-19-crisis>
26. Kafele, K. (2004). *Racial discrimination and mental health in racialized and Aboriginal communities*. Ontario Human Rights Commission. Retrieved from: <http://www.ohrc.on.ca/en/race-policy-dialogue-papers/racial-discrimination-and-mental-health-racialized-and-aboriginal-communities>
27. Shippee, T.P., Akosionu, O., Ng, W., Woodhouse, M., Duan, Y., Thao, M.S., & Bowblis, J.R. (2020). COVID-19 Pandemic: Exacerbating racial/ethnic disparities in long-term services and supports. *Journal of Aging & Social Policy*, 32(4-5), 323–333. Retrieved from: <https://www.tandfonline.com/doi/full/10.1080/08959420.2020.1772004>
28. Public Health Ontario. (2020). *Enhanced epidemiological summary: COVID-19 in Ontario: A focus on diversity*. Retrieved from: <https://www.publichealthontario.ca/-/media/documents/ncov/epi/2020/06/covid-19-epi-diversity.pdf?la=en>





Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada



## Mental Health Commission of Canada

Suite 1210, 350 Albert Street  
Ottawa, ON K1R 1A4

Tel: 613.683.3755

Fax: 613.798.2989

[mhccinfo@mentalhealthcommission.ca](mailto:mhccinfo@mentalhealthcommission.ca)

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



@MHCC\_



/the MHCC



/1MHCC



@theMHCC



/themhcc



/Mental Health Commission of Canada