



Inspiring Change to Better Support the Mental Health of Older Adults in Canada



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Understanding the issue

While people ages 65 and older make up about 20 per cent of Canada's population (a significant yet growing portion),¹ there is limited data on how many are at risk or currently experience mental health issues and conditions. This gap, along with a range of health, support, and environmental barriers, adversely impacts equitable mental health and care outcomes for this group.² With the COVID-19 pandemic intensifying their mental health challenges and highlighting the urgent need for policy and practice interventions,³ it is imperative to prioritize, promote, and value the mental health and wellness of Canada's older adults.

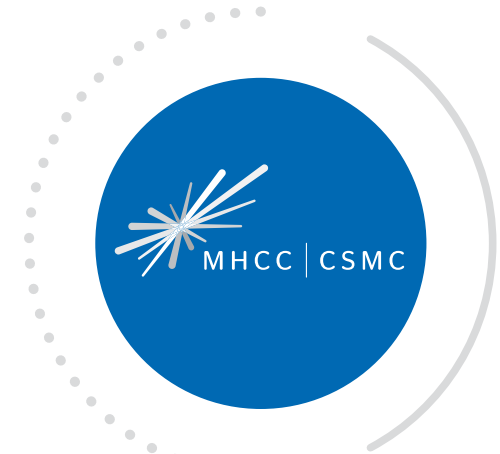
Our commitment and approach

The Mental Health Commission of Canada (MHCC) is aligning its efforts in this area with the *UN Decade of Healthy Ageing (2021-2030) initiative* (The Decade), a global collaboration to improve the lives of older people and their families and enhance the communities they live in. By bringing a mental health and wellness focus to the four action areas* of the UN's plan, the MHCC will show how improvements can be made for older adults in the Canadian context.



* These four broad areas, outlined in the [UN Decade of Healthy Ageing: Plan of Action](#), are to:

1. “change how we think, feel and act towards age and ageing;
2. ensure that communities foster the abilities of older people;
3. deliver person-centered integrated care and primary health services responsive to older people; and
4. provide access to long-term care for older people who need it”.





Key insights:

68%

By 2037, **Canada's 65+ population is projected to increase by 68%.**⁴

34%

By the end of The Decade in 2030, **the number of people aged 60 years and older will be 34% higher**, increasing to 1.4 billion (from 1 billion in 2019).⁵ By 2050, this number is expected to more than double at 2.1 billion.⁶

12%

People 85 and older are in the fastest-growing demographic in Canada, which rose by 12% between 2016 and 2022.⁷



Overall prevalence of mental health issues and conditions among older adults in Canada

9.8%

9.8% in the 65 to 74 year age group, 7.6% for those 75+⁸.

40%

Rates as high as 40% have been reported in long-term care⁹.

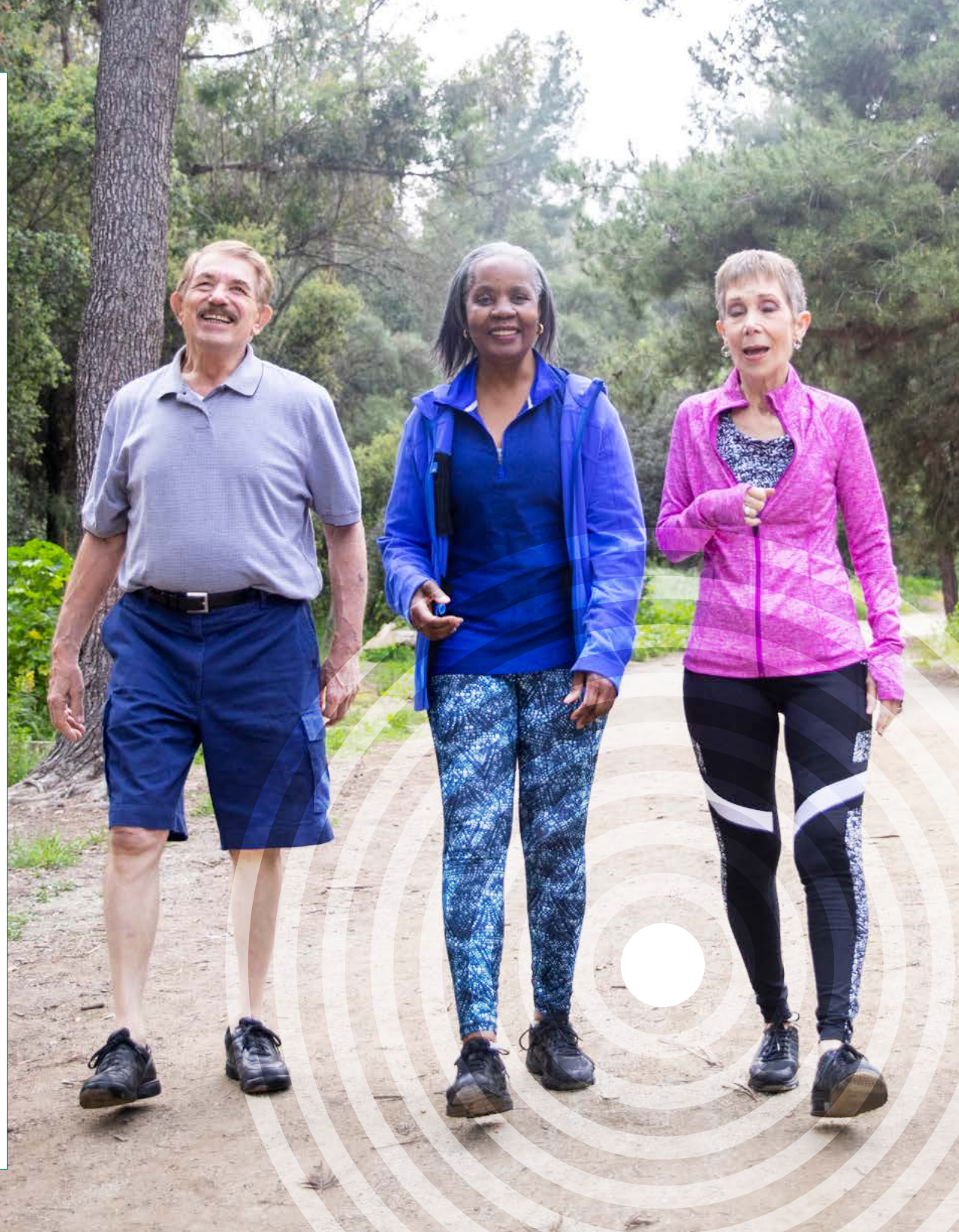


**Decade
of healthy
ageing**

Evidence-informed strategies for *The Decade's* four action areas

To make meaningful change, the lived and living experiences of all older adults must be heard and used in the design, implementation, and evaluation of initiatives to address their needs and interests. Cultural safety and appropriateness must also be built into mental health programs, initiatives, research, policy development, and education and training.

The following pages contain some evidence-informed strategies that can be applied to the four action areas to better support the mental health and well-being of older people.



1

Combat ageism:

Ageism refers to socially constructed and discriminatory ways of thinking about and acting toward older adults (both generally and with those who experience mental health issues and conditions) that foster inequitable social, economic, political, educational and psychological outcomes.

Ways to challenge ageism:

- ✓ Develop and amplify anti-stigma campaigns that reduce mental health- and age-related stigmas.
- ✓ Create and scale up community-based mental health literacy programs that build one's own and others' capacity to detect, manage, and seek treatment for mental health issues.
- ✓ Support volunteer programs that provide companionship and personal assistance to older adults.
- ✓ Culturally tailor initiatives that decrease stigma and discrimination toward older adults in equity-deserving groups¹⁰ and are linked to higher satisfaction levels, self-efficacy, and social capital.¹¹



2

Cultivate age-friendly environments:

In age-friendly physical and social environments, policies, services and structures are designed to help older adults live safely, enjoy good health, and stay involved to sustain their overall mental health and wellness.

Ways to build age-friendly environments:

- ✓ Use universal design (UD) principles in social and built environments to prevent barriers that reduce independence and autonomy for older adults.
- ✓ Ensure accessible, safe, diverse, and well-maintained natural and open environments, including green space (e.g., public parks, accessible nature paths) and blue space (e.g., coast lines, rivers).
- ✓ Create a socially inclusive and responsive approach to organizing and decision making through community engagement and consultation with older adults.
- ✓ Consider geographic accessibility when planning the distribution of community resources, such as health-care facilities, employment opportunities, and recreation and leisure programs.



3

Create integrated and responsive health-care systems and services:

Integrating and coordinating mental health services and supports across the care continuum helps fill service delivery gaps, improve access to quality care, and enhance overall health outcomes for older adults.

Ways to optimize integrated care:

- ✓ Tailor mental health care to older adults' distinct values, goals, capacities, and lived and living experiences.¹²
- ✓ Implement services and supports that address interconnected physical, mental, and social health concerns.
- ✓ Develop training and education that expands knowledge of person-centred mental health care strategies for older adults to transform how such care is accessed, administered, and received by older people and caregivers in all health settings.¹³
- ✓ Ensure access to quality mental health care during transitions (e.g., into long-term care or out of acute care) to decrease psychological distress and improve quality of life for older adults and caregivers.¹⁴
- ✓ Offer cultural competency training for mental health professionals to help them provide effective and respectful care to older adults from diverse backgrounds.^{15,16}



4

Ensure access to long-term care for older people who need it:



The long-term care (LTC) continuum of services and supports extends from in-home assisted living to full-time facility-based care, whose range of supports (e.g., in-home assisted living, retirement homes, aging-in-place options, LTC facilities) seek to support a range of health and daily living needs. A seamless LTC spectrum is required to close gaps in the care and support available to older adults who live with mental health issues and conditions or are at risk of experiencing them.

Ways to strengthen LTC support:

- ✓ Create innovative models that improve functionality and the self-management of day-to-day health issues to allow older adults to remain in their homes longer.^{17,18,19}
- ✓ Integrate mental health care into LTC so it emphasizes the benefits of holistic care with integrated physical, mental, and social health outcomes.²⁰
- ✓ Use designs that support independence and autonomy in the community and LTC facilities.^{21,22}
- ✓ Expand the diversity of LTC staff to enhance cultural responsiveness and help to break down barriers that stem from stigma and discrimination.²³



Call to action

Better supporting the mental health and wellness of older adults living in Canada requires collaboration. Join us in inspiring this change! Visit our [Older Adults page](#) to learn more about how you can get involved.

References

1. Statistics Canada. (2023). *Older adults and population aging statistics*. https://www.statcan.gc.ca/en/subjects-start/older_adults_and_population_aging
2. Statistics Canada. (2017). *Perceived mental health by age group*. Source: Statistics Canada, Canadian Community Health Survey (CCHS)
3. Mental Health Commission of Canada. (2021). *Applying the guidelines for comprehensive mental health services for older adults in Canada during COVID-19*. <https://mentalhealthcommission.ca/resource/applying-the-guidelines-for-comprehensive-mental-health-services-for-older-adults-in-canada-during-covid-19/>
4. Canadian Institute for Health Information. (2017). *Canada's seniors population outlook: Uncharted territory* [Infographic]. <https://tinyurl.com/3pzbawv7>
5. United Nations. (2019). *World population ageing* [Highlights]. <https://tinyurl.com/y38zjnbt>
6. United Nations. (2017). *World population ageing* [Highlights]. <https://tinyurl.com/yf9x35w7>
7. Statistics Canada. (2022, April 27). *A portrait of Canada's growing population aged 85 and older from the 2021 census* [Press release]. <https://tinyurl.com/5et6c8au>
8. Dai, H. M., Mei, Z., An, A., & Wu, J. (2020). Epidemiology of physical and mental comorbidity in Canada and implications for health-related quality of life, suicidal ideation, and healthcare utilization: A nationwide cross-sectional study. *Journal of Affective Disorders*, 263, 209-215. <https://doi.org/10.1016/j.jad.2019.11.146>
9. Kehyayan, V., Chen, J., & Hirdes, J. P. (2021). Profile of residents with mental disorders in Canadian long-term care facilities: A cross-sectional study. *Journal of Long-Term Care*. <https://doi.org/10.31389/jltc.47>
10. Dassieu, L. & Sourial, N. (2021). Tailoring interventions for social isolation among older persons during COVID-19 pandemic: Challenges and pathways to healthcare equity. *International Journal for Equity in Health*, 20(1), 1-4, Article 26. <https://doi.org/10.1186/s12939-020-01360-8>
11. Weeks, L. E., Nesto, S., Hiebert, B., Warner, G., Luciano, W., Ledoux, K., & Donelle, L. (2021). Health service experiences and preferences of frail home care clients and their family and friend caregivers during the COVID-19 pandemic. *BMC Research Notes*, 14, Article 271. <https://doi.org/10.1186/s13104-021-05686-6>
12. Davison, K. M., Lung, Y., Lin, S. L., Tong, H., Kobayashi, K. M., & Fuller-Thomson, E. (2020). Psychological distress in older adults linked to immigrant status, dietary intake, and physical health conditions in the Canadian Longitudinal Study on Aging (CLSA). *Journal of Affective Disorders*, 265, 526-537. <https://doi.org/10.1016/j.jad.2020.01.024>
13. Davison, et al. (2020). *Psychological distress in older adults linked to immigrant status, dietary intake, and physical health conditions in the Canadian Longitudinal Study on Aging (CLSA)*.
14. Clarke, J. L., Bourn, S., Skoufalos, A., Beck, E. H., & Castillo, D. J. (2017). An innovative approach to health care delivery for patients with chronic conditions. *Population Health Management*, 20(1), 23-30. <https://doi.org/10.1089/pop.2016.0076>
15. Brooks-Cleator, L. G., Giles, A. R., Flaherty, M. (2019). Community-level factors that contribute to First Nations and Inuit older adults feeling supported to age well in a Canadian city. *Journal of Aging Studies*, 48, 50-59. <https://doi.org/10.1016/j.jaging.2019.01.001>
16. Wilson, K., Kortess-Miller, K., & Stinchcombe, A. (2018). Staying out of the closet: LGBT older adults' hopes and fears in considering end-of-life. *Canadian Journal on Aging*, 37(1), 22-31. <https://doi.org/10.1017/S0714980817000514>
17. Donison, V. C., Chesney, T. R., Santos, B., McLean, B., Alqurini, N., Hossain, N., Durbano, S., Lemonde, M., Alibhai, S. M. H., & Puts, M. (2022). Self-management interventions for issues identified in a geriatric assessment: A systematic review. *Journal of the American Geriatrics Society*, 70(2), 1268-1279. <https://doi.org/10.1111/jgs.17601>
18. Fischer, B. P., Peine, A., & Östlund, B. (2020). The importance of user involvement: A systematic review of involving older users in technology design. *Gerontologist*, 60(7), e513-e523. <https://doi.org/10.1093/geront/gnz163>

19. Kastner, M., Cardoso, R., Lai, Y., Treister, V., Hamid, J. S., Hayden, L., Wong, G., Ivers, N. M., Liu, B., Marr, S., Holroyd-Leduc, J., & Straus, S. E. (2018). Effectiveness of interventions for managing multiple high-burden chronic diseases in older adults: A systematic review and meta-analysis. *Canadian Medical Association Journal*, 190(34), E1004-E1012. <https://doi.org/10.1503/cmaj.171391>
20. Clarke, J. (2021). *Impacts of the COVID-19 pandemic in nursing and residential care facilities in Canada*. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2021001/article/00025-eng.htm>
21. Estabrooks, C. A., Straus, S. E., Flood, C. M., Keefe, J., Armstrong, P., Donner, C. J., Boscart, V., Ducharme, F., Silviu, J. L., & Wolfson, M. C. (2020). Restoring trust: COVID-19 and the future of long-term care in Canada. *Facets*, 5(1), 651-691. <https://doi.org/10.1139/facets-2020-0056>
22. Gionnas, D. (2021). *Is service provision always equitable? Analyzing access to dental services and oral health of older adults in Ontario* [Doctoral dissertation, Queen's University]. <http://hdl.handle.net/1974/29463>
23. Koopmans, L., Damen, N., & Wagner, C. (2018). Does diverse staff and skill mix of teams impact quality of care in long-term elderly health care? An exploratory case study. *BMC health services research*, 18, 1-12.



Mental Health Commission of Canada Commission de la santé mentale du Canada

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

Tel: 613.683.3755
Fax: 613.798.2989

✉ mhccinfo@mentalhealthcommission.ca

🌐 www.mentalhealthcommission.ca

🐦 @MHCC 📘 /theMHCC 📺 /1MHCC 📷 @theMHCC

📍 /theMHCC 🌐 /Mental Health Commission of Canada