



Older Adult Council of Calgary

Position Paper

Strengthening Outreach and Health Services for Older Adults with Mental Health Issues

In partnership with:



Older adults with mental health issues are often socially isolated in their homes and hard to reach. As the number of seniors with mental health issues increases over the next 20 years, intersectoral and integrated systems need to be in place to ensure these individuals are provided with the necessary support and treatment. This will ensure they can live in the community as long as it is safe to do so.

Preface

The older adult population in Calgary is growing quickly as the first wave of the baby boomers reached 65 in 2011. As of the 2016 census, there were 138,405 individuals over 65 in Calgary, or 11% (Statistics Canada, 2017). Projections estimate that by 2026, there will be 206,000 individuals over 65, and by 2042, 287,000, or 15% of the population, will be over 65. (City of Calgary, 2017; City of Calgary 2016).

Services and programs, especially for vulnerable older adults, will need to keep up with this increase in demand. Conscious of this, the Older Adult Council of Calgary created a series of position papers to look into key issues of concern to this growing population, with a focus on more vulnerable older adults. This paper focuses on how best to reach older adults with mental health issues who still live independently in the community, and how best to offer services to them. In this position paper, we are not considering dementia as part of mental health issues. Much work that has been done on these cognitive conditions and less on more traditional mental health issues (depression, delirium, anxiety, severe and persistent psychosis, etc.)

Introduction

Older adults with mental health issues are often a forgotten population, even when compared to the wider older adult population, which itself can find itself fighting ageism (MacCourt et al., 2011). Older adults suffer from mental health issues at the same rate as the general population—approximately 20%, including dementia but excluding delirium (Jest et al., 1999). Between 1% and 2% of the population are affected by persistent psychotic disorders, including schizophrenia and delusional disorder (MacCourt et al., 2011). Based on these percentages, in Calgary, there currently could be an estimated 1,385 to 2,770 seniors who are living with persistent psychotic disorders, while some 27,700 could suffer from some form of mental illness. Mental illness can also occur at the same time as dementia or cognitive impairment, which can often lead to mental health issues not being diagnosed and treated, leading to a lower quality of life.

This position paper focuses on the needs older adults with mental health issues living in their own homes in the community, and how best to reach them.

DEFINITIONS

Moral Distress

Moral distress can be defined when “an individual identifies the ethically appropriate action but that action cannot be taken” (Epstein and Delgado, 2010). For example, when an older adult can no longer swallow food, but his family wants a feeding tube inserted. Caregivers know that the patient does not want the feeding tube inserted as he swats it away and tries to pull it out. This can lead to moral distress.

The 3 Ds

This refers to commonly occurring mental disorder for older adults: delirium, dementia and depression.

Social Isolation

Social isolation plays a large role in the mental health of older adults. It can be a cause of mental health issues, but also an effect. Isolation or disconnection from others and the community can lead to loneliness and then to depression (Cacioppo et al, 2006). At the same time, older individuals living with mental illness have a harder time developing social connections and supports, and therefore become more isolated (National Seniors Council, 2017). It is also more difficult to identify, assess, diagnose and provide treatment to socially isolated older adults in the community.

Housing Can Be at Risk

Older persons with mental health issues can be at risk of losing their housing and therefore for homelessness as well (see OACC's Older Adults and Homelessness position paper). Some older adults with severe and persistent disorders may find themselves caught in a vicious cycle of being admitted to acute care in a hospital and then having no choice but to go to an emergency shelter upon discharge because of the lack of appropriate transitional and stabilizing housing. Often this housing crisis occurs when mental health issues are first identified and ultimately diagnosed. There can also be housing discrimination towards an older individual with mental health and/or addiction issues, which can be made worse by the double stigma of aging and mental health issues (Senate of Canada, 2006). Hoarding can also be a key mental health issue that will place older individuals at risk of losing their housing, especially if it is associated with bed bugs or other infestations (Whitfield et al., 2012). If identification, diagnosis and treatment can occur earlier, these people may be able to remain in their homes for much longer with appropriate care and treatment.

Concurrent Disorders

Many older individuals with mental health issues also have issues with addictions, either alcohol or drugs. Some may be misusing prescription drugs as well. There is also a problem with a lack of coordination in services for mental health and addiction issues. They are often treated as separate conditions, and have separate approaches. Mental health professionals use a more medical model of diagnosis and treatment, while addiction professionals adopt a more holistic bio-psychosocial approach (Canadian Centre on Substance Abuse, 2009). Older adults need a more streamlined and integrated approach to care.

Older adults with cognitive impairments, such as dementia, can also develop mental health issues such as depression. Mental illness indicators may not be distinguished as separate symptoms and therefore, depression or other issues can go untreated among those with a pre-existing cognitive condition.

Vulnerable Older Adults

Some groups of older adults may be more at risk than others when it comes to mental health issues. Ethnocultural and immigrant older adults who do not have English (or French) as their first language are much harder to identify and reach. There needs to be ways in which to provide culturally responsive, respectful, safe and inclusive services, as not all cultures view mental health issues in the same way. Others at risk of social isolation and therefore mental health issues include LGBTQ+ older adults, Indigenous older adults, older adults who are caregivers for their loved ones, those living in poverty, those living alone or in remote areas, and those living with disability or mobility issues (National Seniors Council, 2017).

Difficulties Navigating the System

Even for younger people, navigating the increasingly complex healthcare system can be a challenge. For older adults, accessing services can be daunting. Alberta has a complex system of care supports for older adults with mental health conditions, and also many different seniors' housing options, depending on an older adult's lifestyle preferences and income. Many older adults also deny that they have a mental illness, due to the ongoing stigma of mental illness, especially among older generations. Mental illness can also occur when older adults also have to face mobility or other complex physical conditions, which only complicates how they need to navigate the health system and its various components. Older adults also have issues accessing mental health services available to them due to limited mobility or lack of transportation (Senate of Canada, 2006).

Lack of Knowledge of Geriatric Mental Health

Mental health issues for older adults are different than for younger populations. There is a need for more specialized knowledge and practitioners dedicated to older adult mental health, often known as psychogeriatric doctors or nurses. These professionals need to understand both mental health conditions, and how they can appear in and impact older individuals. For example, older adults often do not complain of the same symptoms, especially when dealing with depression. Whereas younger people complain of depressed feelings or sadness, older adults more frequently speak of physical feelings, cognitive symptoms and changes in behaviour. Decreases in being able to function, recuperate from illness, or refusing medication are some of the impacts of depression in later life (Di Tomasso, 2015). There is also a need for more knowledge about mental health issues and services available in the seniors' sector as a whole, but especially for seniors' housing providers (see OACC's position paper on mental health education and training).

Lack of Transitional Housing in Calgary

When older adults with serious mental health conditions are hospitalized, they often have few options for housing when they are discharged. Transitional housing can fill this void, but there are few transitional housing spaces dedicated to older adults in Calgary (Tunstall and McIntyre, 2014). Being able to live in a transitional housing situation gives older adults time to stabilize, and also to look for more permanent and suitable housing.

POSSIBLE SOLUTIONS AND MODELS

Early Intervention

If mental health issues can be identified early, treatment can begin and behaviours modified before they become problematic. The problem is often that older adults rarely self-identify due to the dual stigma against age and mental health (MacCourt et al., 2011). Some service providers and family also falsely assume that mental illness is a normal part of aging. Actively reaching out, through home visits or telephone support is important (BC Psychogeriatric Association, 2012). Older adults with mental health issues are less inclined to reach out themselves for support.

Health promotion resources may help, but more innovative programs have also appeared recently in the form of telephone help lines. In the UK, there is a SilverLine Helpline that operates nationwide, 24/7/365. Older adults can call at anytime and receive free counselling and referrals, similar to the work of the Kids Help Line. The evaluation of the pilot program showed many benefits that would help reach older adults. They felt more in control when they phoned the helpline, they felt less stigma because of

the anonymity of the helpline, and those who demonstrated more severe mental health issues could be referred to more appropriate supports (Centre for Social Justice, 2013).

A Canadian example is the Senior Centre Without Walls program in Manitoba. This is another telephone-based service that is designed to decrease social isolation, a known risk factor for mental health issues. A number of social and educational programs are offered by telephone, and older adults either called in or gave their telephone number and were called. For some workshops, such as aromatherapy, packages were mailed to the participants with materials. An evaluation conducted on the program showed that it had a positive impact on participants' mental well-being, especially regarding loneliness and depression (Newall and Menec, 2015).

One of the more innovative projects is called [Cycling Without Age](#), which gives older adults the opportunity to go on a bicycle ride with a "pilot." Although there is no evaluation of the program, participants and pilots report happiness and enjoyment with each ride. There are currently Alberta chapters active in Canmore, High River and Camrose.

Ease of Access

A single point of access can help simplify health and support system navigation for older adults. For those with mental health issues, the simpler the way of accessing help, the better. Calgary has a program known as The Way In, which is run by four community agencies in collaboration. There is also a single telephone line, known as 403-SENIORS, that acts as a centralized intake and referral point for older adults. The Kerby Centre also has an information line for older adults. For the general population, Alberta Health Services offers the 811 Health Link line for advice and information. More recently, the Distress Centre, the City of Calgary (Family & Community Support Services), and United Way of Calgary and Area collaborated to launch the 211 line for community services. Transportation can also be a barrier for older adults who need assessment or treatment for mental illness (MacCourt et al., 2011). Community agency or caregiver support for transportation to medical appointments can help ensure that older adults can get to the help they require. Support and treatment that can be delivered to older adults in their homes is also important (Canadian Mental Health Association, Ontario, 2010).

There are psychogeriatric outreach teams in place in both BC and Ontario that do provide in-home services to older adults. In BC, geriatric mental health outreach teams have been in operation since 1989, when Elderly Outreach Services began in Victoria. This team is now known as the Seniors Outreach Team (SORT), and other SORT teams now operate out of other areas of Vancouver Island.

There is also a Geriatric Psychiatric Outreach Team (GPOT) active at Vancouver General Hospital (VGH). The program consists of six part-time geriatric psychiatrists, three nurses, a social worker, a neuropsychologist, and an administration assistant, and can see patients either in home or in the hospital. They conduct assessments of mental illness (including full neuropsychological assessments), and assessments of a person's ability to live safely at home and their legal, financial, and personal competency. They also provide follow-up therapy, case management, and liaise with the older adult's physicians (Vancouver Coastal Health, 2017). Similar programs in Ontario have estimated costs to be between \$1,050 and \$1,250 per client, excluding psychiatric support (Erie St. Clair Local Health Integration Network, 2013). A similar program in Alberta would be useful.

Integration and Interdisciplinary Teams

The best way to provide outreach services to older adults with mental health issues is through integrated and interdisciplinary teams. A World Health Organization report (Draper and Low, 2004) detailed effective, evidence-based ways to provide mental health services to older adults. Breaking down siloes was important, or else older adults can find themselves shuffled between service providers within these different siloes. This means that the healthcare sector, the seniors' housing sector and senior-service community agencies need to find ways to work together. Providing personalized, or person-centred, care is equally important, based on a case management approach where home-based assessment is followed up with in-home continuing care. Continuity of care, with the same staff providing services in a case management approach, is extremely important for older adults. Relationships with these care providers are often the only meaningful interaction some older adults have (BC Psychogeriatric Association, 2012). Another study found that by expanding home care services to include a mix of health and social services while coordinating help for instrumental activities of daily living (such as transportation, nutrition, etc.), 37% of individuals on wait lists for long-term care could instead remain in their own homes in the community (Williams, et al., 2009).

Proactive Outreach

Outreach can be predominantly proactive, or reactive. In proactive outreach, agencies actively search out clients who would fit the profile of their service offerings. They could do this by advertising their services, seeking referrals from other providers or community members, conducting open houses or drop-in events, or actually going door-to-door and identifying potential clients this way. In reactive outreach, this process is reversed. Referrals are received from other agencies or other departments in larger organizations, and clients are tracked and followed-up with in the community. Clients sometimes come to them. Services are not proactively advertised, with the exception of directories and websites, etc.

Effective characteristics of programs for older adults with mental health issues

- Multi-disciplinary teams
- Case management
- Inclusion of family doctor in patient's care plan
- Education-focused clinical consultations
- Temporary assignments from other sectors (hospitals, community agencies) to psychogeriatric teams to build capacity and competence
- Targeted educational projects in the community

Source: Tunstall and McIntyre, 2014

A good example of proactive outreach is the Seniors Collaborative Community Outreach Team (SCCOT), set up by a collaboration of service providers in response to the 2013 Calgary floods in the East Village. At the time, the East Village had a majority population of lower-income older adults. SCCOT was set up in the communities to identify, diagnose and treat older adults at risk of losing their housing due to undiagnosed and untreated mental health issues. The partners were from the healthcare sector, community agencies and the municipal government, which was unique as most other outreach programs for older adults with mental illness resided solely within the healthcare sector. The program's goals were to establish an interdisciplinary, intersectoral team that provided wraparound care for older adults with complex concerns; to proactively reach out to older adults at risk; and to bridge the gaps in care and between partner services. Successes of the program included helping clients retain their housing; providing physical health supports to clients without a primary care provider or those who were loosely attached; providing mental health supports to clients who would otherwise have difficulty accessing such service; formal changing client criteria to broaden access to SCCOT services; and changing the definition of a senior to include "functionally geriatric" seniors at 55+. At the same time, the housing provider, Trinity Place Foundation, had introduced an Independent Support Worker (ILS) program, which became an integral part of enhanced team (Tunstall and McIntyre, 2015). Unfortunately, even with this innovative programming and partnership, sustainable funding for the SCCOT program was not available and the program ended in August 2017.

Aging-in-Community

This philosophy maintains that older adults can continue to live in their communities, with a little extra help. Calgary's Trinity Place Foundation introduced an Independent Living Skills program that works with older adults at risk of losing their housing due to unit cleanliness (e.g. bedbugs, long-term lack of basic maintenance), mental health issues (e.g. hoarding, depression), physical health issues or addictions. A 2016 evaluation (Hoffart and Cairns) showed that the program was successful in providing practical support so that these older adults were able to retain their housing and avoid social isolation.

Hoarding

Hoarding is a particular mental health condition that can easily put an older adult's housing at risk. It is a distinct mental condition, and is now recognized by the American Psychiatric Association. In Calgary, the Calgary Community Hoarding Coalition is a collaboration of service providers, including Carya, Calgary Housing Services, The Alex-Pathways to Housing, Alberta Health Services Mental Health, Emergency Medical Services, and Trinity Place Foundation of Alberta. Although not focused solely on older adults, they published a white paper in 2015 (Calgary Community Hoarding Coalition, 2015) that estimates between 24,900 to 59,800 individuals in Calgary live in a hoarded situation. When living in a communal residential care community, this behaviour can lead to eviction, as it causes fire hazards and possible insect infestations which can easily spread to other suites.

Training and Education

Older adults come into contact with many different people in their daily, each of whom has the potential to identify potential mental health issues. Unfortunately, not many have any training to identify or deal effectively with these mental health issues, which can sometimes manifest in problematic and responsive behaviours. Training and education for staff in medical settings (family physicians, nurses, home care), in seniors' housing residences (building managers, housekeeping staff,

food services staff) and in community agencies (social workers, program staff) is necessary to help identify and respond appropriately to older adults with mental health issues (see OACC position paper on Education and Training for Service and Housing Providers working with Older Adults with Mental Health Issues.) Understanding sources of stress and how to alleviate them through self-care is also important (Public Health Agency of Canada, 2005) for staff working with older adults. As with staff dealing with older adults with dementia, another source of stress can be moral distress, which occurs when caregivers know what the best course of action or treatment is for their patients, but cannot provide it due to lack of resources or conflicting organizational policies. The University of Lethbridge has a major research project underway looking at the concept of moral distress (Spenceley et al., 2017).

Support for Informal Caregivers

Caregiving for older adults with mental health issues can be taxing, especially if the caregivers themselves are older. In 2007, about one in four caregivers to older adults were themselves older adults, with 8% being over 75 (Cranswick and Dosman, 2008). A 2009 report (Hollander et al.) found that informal caregiving by Canadians over the age of 45 would cost the Canadian government an additional \$25 billion to replace. The same study found that caregivers were providing help for between 7.9 to 10.4 hours per week. Caregiving for older adults is also a risk factor for developing depression, with a 2017 BC study finding 31% of unpaid, primary caregivers were in distress (Office of the BC Seniors' Advocate, 2017). Women also carry the bulk of caregiving responsibilities (Turcotte, 2013). Support for caregivers, and their involvement in any care plan, is of utmost importance, especially for those providing care to older adults facing mental health issues. This can take the form of financial support, or respite support to recharge, or even just support groups or education and information. Even when support is available, such as through the Family Caregiver Amount Tax Credit, only a very few caregivers of older adults take advantage of it. In 2012, while 28% of caregivers who cared for their child used this tax credit, only 3% of those who cared for their parents did (Turcotte, 2013).

EMERGING TRENDS

Rise in Suicide Rates and Assisted Suicide

At its most extreme, mental illness can result in suicide. For older adults, especially older men, suicide rates are particularly high (Canadian Coalition for Seniors' Mental Health, 2006). In 2009, the Mood Disorders Society of Canada reported that men over 80 had the highest rate of suicide in the country (31 per 100,000), although middle-aged men also have high rates.

The emerging issue of medical assistance in dying will bring this issue into the limelight as boomers continue to age. Physician-assisted suicide became law in Canada in June 2016, and some Canadians with terminal diseases have already used this law to end their lives, including 212 Albertans between February 6, 2016 and September 30, 2017. The average age of individuals choosing this service is only given by health zones, but all are over 65 (Alberta Health Services, 2017). As those with mental illness are considered a vulnerable group and often denied an assisted death, ethical issues with older adults who suffer from a terminal disease, but also have a mental illness, may soon emerge.

Increase in Number of Older Adults with Mental Illness

As the Baby Boomers age, there will be more older adults with mental health issues. Even though the percentage may not increase, the numbers certainly will due to the increased number of adults aging. The healthcare system, the seniors' housing sector and senior-serving agencies must collaborate now to

prepare to deal with this increase and to ensure older adults with mental health issues do not slip between the cracks in the systems.

Recommendations

Priority Stage 1:

- Training in mental health awareness and education is needed within all senior-serving sectors (primary care, housing, community agencies).
- Psychogeriatric outreach teams that can visit older adults with mental illness in their homes.
- More transitional housing for older adults with MH issues is needed in Calgary.
- Affordable transportation services need to be available to older adults accessing mental health services. Even better – go to where the senior is.
- Sustainable funding for integrated, intersectoral programs whereby evaluation shows that it works – like SCCOT.

Priority Stage 2:

- More resources and supports need to be made available for caregivers in general, and especially for caregivers of older adults living with mental illness. More integration within the seniors service sectors and intersectoral collaboration for identifying, assessing, diagnosing and treating older adults with MH issues.
- Increase in Independent Living Skills support for those older adults living with mental health issue to allow them to age-in-community for as long as is safe.

Priority Stage 3:

- Need research benchmarks and planning tools that include seniors with these multiple complex problems.

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This position paper is a part of a series of papers by OACC on older adults with respect to mental health and housing issues and poverty and affordability issues.

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