



Stella's Circle
Hope Lives Here

HOME MODIFICATIONS AND COMMUNITY SUPPORT – TOOLKIT –

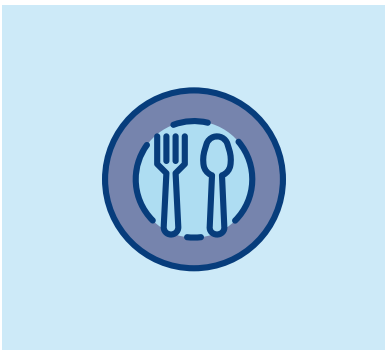


TABLE OF CONTENTS

- Purpose of the Project..... 4**
- How to Use the Toolkit 6**

- Section 1:**
- Challenges of Complex Mental Health: MARY’S STORY 7**

- Section 2:**
- Age-Friendly Homes..... 8**
 - Trauma-Informed Practice..... 8**
 - Engagement Process..... 9**
 - Minor Modifications – Major Impact 12**
 - Training and Resources..... 14**

- Section 3:**
- Social Isolation, Eating Well & Staying Active..... 16**
 - Social Isolation 16**
 - Eating Well..... 18**
 - Staying Active..... 19**

- Acknowledgements..... 20**

- References..... 21**

Canada

The Home to Stay project was funded in part by the Government of Canada's Homelessness Partnering Strategy's Innovative Solutions to Homelessness.

The opinions and interpretations in this publication are those of the author and do not necessarily reflect those of the Government of Canada.

PURPOSE OF THE PROJECT



HOME TO STAY
an initiative of *Stella's Circle*

Over recent years Stella's Circle, a community-based organization in St. John's NL, have supported a specific group of the aging Newfoundland and Labrador population – seniors with complex mental health needs. Recently, some of the challenges of this specific group have been identified, i.e., how to support seniors with complex mental health needs to age safely at home. With first-hand experience of supporting mental health needs, Stella's Circle received funding in part from the Government of Canada's Homelessness Partnering Strategy's Innovative Solutions to Homelessness for a project entitled *Home to Stay: Preventing Homelessness through Aging in a Community for Seniors with Complex Needs*. The focus of this project is to support seniors with complex mental health needs to age safely in their community.

As an integral part of this initiative, a toolkit was developed to share the learnings from the project and provide guidance to organizations and individuals facing similar challenges.

STELLA'S CIRCLE – BACKGROUND

Stella's Circle is a not-for-profit community organization in St. John's, NL that offers a variety of participant-focused programs in three core areas:



REAL HOMES

emergency shelter as well as supportive and affordable housing to help people find a home to call their own,

REAL HELP

residential, community, and correctional-based counselling services to support people through life's challenges, and

REAL WORK

education, training, and employment opportunities to help people with minimal or broken employment histories enter the workforce.



Stella's Circle offers programs and services to over 1000 adults per year who face barriers to fully participating in their community. These barriers include mental health challenges, addictions, trauma, poverty, homelessness, criminal justice involvement and long periods of unemployment.

As an award winning organization Stella's Circle has been recognized provincially, nationally and internationally for its innovative and responsible approaches in the fields of housing, mental health and employment and its quality programming and services.

HOW TO USE THE TOOLKIT

This toolkit is intended to provide service providers with tools and resources to support seniors with complex mental health needs to age in their community. It is designed to help professionals such as mental health or housing support workers, community nurses, occupational therapists, advocates or care providers. In addition to being useful for seniors with complex mental illnesses, the toolkit also has applicability for people who have experienced trauma, involvement in the criminal justice system, experienced homelessness and/ or lived in poverty.

Unlike many resources for seniors, this toolkit acknowledges that a 'senior' is not always an individual older 65 years. As individuals with complex mental health needs generally age 20 years faster and more poorly than the general older adult population (Grenier et al., 2016), this toolkit could be helpful for individuals with complex mental health issues who are 45 years or older.



The toolkit has three primary sections:

1. CHALLENGES OF COMPLEX MENTAL HEALTH: MARY'S STORY

Mary's story is a narrative that represents the challenges that seniors with complex mental health needs experience.

2. MODIFYING FOR AGE-FRIENDLY HOMES

This section focuses on how to modify the built environment to support an older adult with complex mental health needs to age well at home. It discusses trauma-informed practice, engagement process and modification considerations.

3. SOCIAL ISOLATION, EATING WELL AND STAYING ACTIVE

Learn about additional considerations to supporting a senior with complex needs at home.

Additionally, the content within this toolkit is not intended to replace the advice of a physician or other qualified healthcare providers. The information provided is for guidance only.

SECTION 1:

CHALLENGES OF COMPLEX MENTAL HEALTH: MARY'S STORY

Mary is a 59-year-old woman with schizophrenia, diabetes and arthritis. She was supported by Stella's Circle with housing, counselling and employment services, for nine years following her release from prison. She was living independently, worked part-time in a Stella's Circle social enterprise and was active in the organization's inclusion choir.

Three years ago, Mary's mobility began to decline. Stella's Circle staff were struggling to respond to her physical and personal care needs. Following a scheduled surgery, Mary transferred to a personal care home to recuperate. While there, her mental health quickly deteriorated. Mary became irritable and personal care home staff struggled to cope with her behaviours. The police were called when Mary threatened staff. She begged to be removed from the personal care home and would use 911 services frequently. Mary expressed that she felt isolated and disconnected from her community.

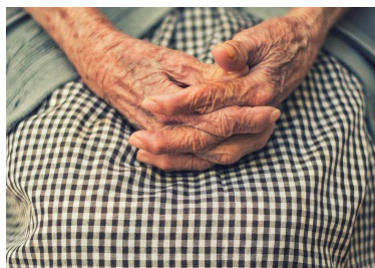
After several months, another personal care home bed became available and she was transferred to downtown St. John's. Mary's spirits improved as she was closer to her work, recreational activities and accessible public transportation.

After several months at the second personal care home, Mary's mobility improved, and she moved back into housing with Stella's Circle. A few months later, Mary suffered a stroke which resulted in blindness in one eye. She experienced anxiety and loneliness and her ability to take care of her personal care needs diminished substantially. She began to call ambulance services several times a week. Mary was extremely distressed at the thought of going back to a personal care home. Stella's Circle staff struggled to secure a placement for her, given her history of mental illness and her past behaviour. Eventually, a placement was found outside of St. John's in a personal care home. Although Mary was initially upset about the move into the care home and would prefer to live in St. John's, she has settled into her new living arrangement with the support of the personal care home and Stella's Circle staff.

SECTION 2:

AGE-FRIENDLY HOMES

As part of the *Home to Stay* project, modifications were made to 10 Stella's Circle supportive housing units whose tenants were seniors. The goal of the modifications was to increase the senior's independence and ability to age in community. As for any senior, but particularly for seniors with complex mental health needs, the process of home modifications can be challenging. It can create increased levels of anxiety, trigger a negative reaction or have a detrimental impact on the senior's mental health and wellbeing. As a consequence, a purposeful engagement process was designed to reduce the negative impact for the senior. One consideration when designing the engagement process was trauma-informed practice.



TRAUMA-INFORMED PRACTICE

Trauma-informed practice means there is an understanding of an individual's experiences and the potential impact that trauma could have on their daily behaviour and to promote healing through safety, choice and control (SAMHSA, 2014). In the *Home to Stay* project, we used the following strategies:

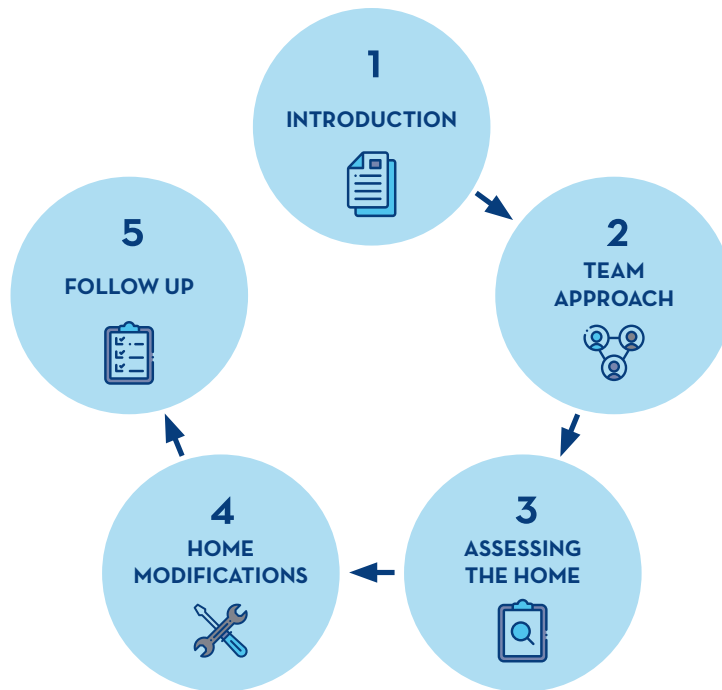
- Developed relationships with the seniors so they felt connected and at ease with the people doing work in their home;
- Maintained constant communication with their housing/ mental health worker/ care provider so they were aware of the work being completed and could offer additional support;
- Used empathic statements and questions and did not make assumptions about the impact of the modifications on their home, e.g. "How do you feel about the progress made today?";
- Respectful of their home and possessions; and
- Acknowledged that changes to the built environment can be challenging for a senior with complex mental health needs and offered flexibility and compassion, when needed.

ENGAGEMENT PROCESS

Working from a trauma-informed perspective, a purposeful engagement process was designed to focus on three primary areas:

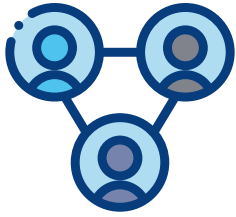
1. Introduce the Project Coordinator and Team Lead to the senior;
2. Discuss potential home modifications, and;
3. Complete home modifications with minimal disruption to their daily life and activities.

As a result, the following engagement process was applied:



1. Introduction

To introduce the Home to Stay project, a letter was hand delivered to each senior by their Mental Health or Housing Support Worker. The letter was written in plain language, used large font and included photographs of the Project Coordinator and Team Lead. It contained a brief description of the project and contact information. If literacy was a concern, it was offered that the letter could be read to them. To see a sample of the introductory letter, please [click here](#).



2. Team Approach

In partnership with their Support Worker, a joint meeting was arranged with the senior, Project Coordinator and Team Lead. The focus of the initial meeting was to introduce the Home to Stay project as well as to meet the Project Coordinator and Team Lead.



3. Assessing the Home

After the initial visit, the Project Coordinator and Team Lead completed two to three visits to the senior's home. On each visit, the Project Coordinator discussed aging in place with the senior and areas of concerns were identified. One of the challenges of the assessment process was encouraging the senior to identify potential areas for home modification. Many home safety checklists were not applicable to our seniors or appropriate for their needs.

Following the visits with the senior, a *Home Visit Summary* was completed. This summary included a list of home modifications recommendations. As this summary was to be discussed with the senior, it was written in plain language and included visual aids. As the intent was for the senior to have a full understanding of the proposed home modifications, the senior was encouraged to sign the document and a copy was provided. A sample of the *Home Visit Summary* is available [here](#).

It is important to add the invaluable role of the Occupational Therapist throughout the assessment process. In some of the homes, it was challenging to identify or prioritize the home modifications to be completed. The Occupational Therapist provided a critical perspective and advice to help guide and inform the home modification process.



4. Home Modifications

To minimize the impact on the senior, it was helpful to allocate one person as the primary contact for the senior. In the Home to Stay project, the Project Coordinator was identified as this primary contact. Assigning one person helps to reduce the senior's anxiety and offset miscommunication, as the senior develops a relationship and trust with this staff. The Project Coordinator informs the seniors of all updates and developments and regularly provides opportunity for the senior to express any issues or areas of concern.



5. Follow-Up

Once the home modifications were completed, the Project Coordinator undertook follow-up visits with the Team Lead to ensure the modifications were completed as planned. Whenever possible, this visit should include the senior to ensure that the modifications were meeting their needs.



MINOR MODIFICATIONS – MAJOR IMPACT

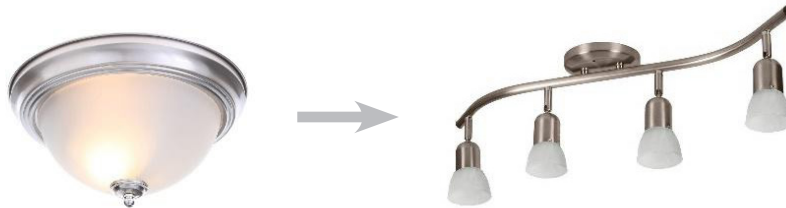
The process of completing home modifications to support an older adult to age in place can be a daunting task. With multiple aspects to be considered, it can be overwhelming to identify the starting point. One of the significant learnings from the Home to Stay project was that minor home modifications can have a significant impact on safety and accessibility.



1. Brighter is Better

Good lighting in the right places reduces the risk of falls for seniors. One way to prevent falls in older adults is to make sure that their living space is always well-lit. Being able to see clearly helps seniors maintain balance and avoid obstacles.

With the Home to Stay project, we noticed a remarkable difference with replacing a single ceiling light as shown below on the left with a multi-bulb track fixture with high wattage light bulbs such as the one shown below on the right.



Even changing to a brighter light bulb can improve and distribute the lighting throughout the apartment/home which results in the senior feeling safer when moving around their home.



2. Ease of Use

We lose dexterity as we age. To prevent daily tasks from becoming too difficult, it is important to make modifications that allow older adults to move through their homes easily.

- **Faucet taps**

It is helpful to install lever taps on all sinks. They are simple to use and require a small amount of movement to switch between hot, cold or mixed water. Lever taps demand minimal effort to operate – as it is only a simple pushing or pulling action. This makes it a practical alternative for those with less dexterity, strength or grip in their hands and wrists.

- **Lever door handles**

Replacing the traditional round door handle with a lever door handle is a relatively inexpensive modification that can significantly impact a senior's ability to access their home. By replacing the hardware with a lever style, it allows the senior to open the door with minimal effort.

- **Lever light switches**

By replacing traditional light switches with a lever light switch allows the senior to access the lighting in the room with minimal effort.





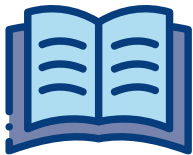
TRAINING AND RESOURCES

1. Training

As part of the Home to Stay project, training was created to support individuals working with seniors with complex mental health needs. The training was designed to support these individuals to develop professional skills that would help avoid or lessen challenging behaviours from participants. The training is called Aging with Complex Mental Health Needs. The intended goals of the training are:

- To meet the needs of clients who are aging with complex mental health needs,
- To achieve a better understanding of mental illness and the impact that poverty and mental illness can have on the aging process,
- To refine de-escalation strategies, and
- To improve self-care strategies.

Additionally, Stella's Circle also has trainers available to teach Mental Health First Aid – Seniors from the Mental Health Commission of Canada. This two-day training is intended to increase the capacity of seniors, families (informal caregivers), friends, staff in care settings and communities to promote mental health in seniors, prevent mental illness and suicide in seniors wherever possible and to intervene early when problems first emerge. If interested to learn more about the training, please [click here](#).



2. Resources

Throughout the Home to Stay project, the following resources were helpful in the home modification process:

[Falls Prevention Checklist \(Eastern Health\)](#)

[You CAN prevent falls \(Government of Canada publication, 2016\)](#)

[NLHC - Home Modifications Program](#)

[Seniors NL](#)

[Canadian Mental Health Association](#)

[Empower](#)

[Connection for Seniors](#)

[Canadian Coalition for Seniors Mental Health \(CCSMH\)](#)

[Age Safe Canada](#)

SECTION 3:

SOCIAL ISOLATION, EATING WELL AND STAYING ACTIVE

This section focuses on additional considerations when supporting seniors with complex mental health needs. Each of these considerations play an influential role when identifying a senior's individual needs.

SOCIAL ISOLATION

The National Seniors Council of Canada defines social isolation as a low quantity and quality of contact with others. An individual is socially isolated when they have few social contacts and few social roles or positive relationships.

THE DANGERS OF SENIOR LONELINESS AND ISOLATION

LONELY SENIORS HAVE A 59% HIGHER RISK OF PHYSICAL AND MENTAL HEALTH DECLINE

SENIORS WHO SUFFER FROM LONELINESS HAVE A 64% HIGHER RISK OF DEMENTIA

IN 2009, 1 IN 4 SENIORS AGED 85+ FELT LONELY AT LEAST SOME OF THE TIME

LONELINESS CAN BE AS DANGEROUS AS SMOKING 15 CIGARETTES A DAY

THE RATE OF DEPRESSION FOR SENIORS WHO LIVE IN RESIDENTIAL CARE FACILITIES HAS BEEN AS HIGH AS 44%

5 FACTORS THAT INCREASE THE RISK OF ISOLATION

- 1 BEING AGE 80+
- 2 HAVING CHRONIC HEALTH PROBLEMS
- 3 LACK OF CONTACT WITH FAMILY
- 4 LIVING WITH LOW INCOME
- 5 CHANGING FAMILY STRUCTURES

STEPS TO ALLEVIATE LONELINESS & ISOLATION

- > GIVE BETTER ACCESS TO TRANSPORTATION
- > WORK BETTER TO INTEGRATE SENIORS INTO THEIR COMMUNITIES
- > USE TECHNOLOGY TO HELP SENIORS CONNECT WITH OTHERS

welbi

For seniors with complex mental health needs, social isolation is a serious concern. With implications for their physical health, feelings of loneliness can cause unhealthy behaviours such as excessive eating, alcohol and/ or smoking, as a way of coping with the feelings of loneliness.

Loneliness can also cause seniors to spend more time indoors, and avoid physical activity. This lack of exercise can lead to increased rates of high blood pressure, heart disease, obesity and other physical health issues.

Image with permission from [Welbi](#)



When working with a senior to decrease their level of isolation, it's helpful to address three areas:



1. Improve Transportation Access

For seniors with complex mental health needs, transportation is a challenge. Without resources or access to transportation it is increasingly difficult to improve their level of social engagement. Strategies such as advocating for bus passes or exploring local accessible methods of transportation can play a pivotal role to help decrease their level of social isolation.



2. Community Connections

For many seniors with complex mental health issues, their experience with community engagement has not always been a positive. It is important to find community resources that are inclusive and will support to the senior to attend. Community activities such as pet therapy, movie nights, arts and craft sessions can be a great way to offset a senior's level of isolation.



3. Raising Seniors Awareness of Social Isolation

Although many seniors could be experiencing social isolation, many are unaware of the health implications associated with it. Three questions that often are used to assess loneliness and which may be useful to engage in conversation with a senior are:

1. How often do you feel that you lack companionship?
2. How often do you feel left out? and
3. How often do you feel isolated from others? (Menec, 2016)



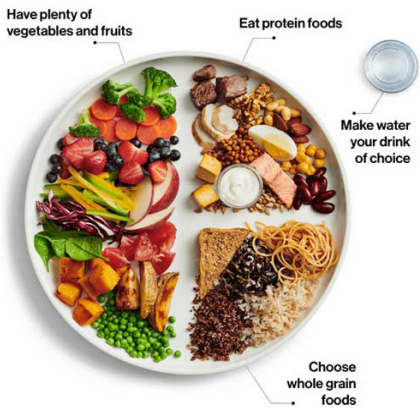
EATING WELL

As seniors with complex mental health needs age, they are at a higher risk of nutritional deficiencies. Although they continue to require the same need for vitamins, nutrients and minerals as younger people, they do not require the same number of calories. Essentially as a senior age, they require less food but more nutrients.

For people with complex mental health needs, this is further complicated. The use of psychotropic medications, chronic concurrent disorders and symptoms of illness all contribute to an increased nutritional risk as they age. Additionally, it is important to consider the impact of poverty on the ability to choose nutritionally dense food. With limited financial resources, low-income seniors face unique challenges in adopting and maintaining healthy behaviours.

Further, medications can have nutritional side effects. Some medication can cause weight gain, cravings or a dry mouth. Other medications can decrease an individual's appetite and/or cause constipation or diarrhea. With such diverse reactions to medication, seniors taking medication can experience changes in their eating habits (Messing, 2002).

While the reasons for the change in eating habits vary, the solutions are the same:



- Encourage the senior to eat a range of foods as they can tolerate;
- The senior should drink 8 glasses of water (2.5 litres) daily;
- Choose whole-grain foods
- Eat fruits and vegetables every day
- If dehydration is a consistent issue, then liquid nutrition supplements can be invaluable;
- Consider taking a multivitamin or mineral supplement daily; and
- If nutrition continues to be a challenge, then consider a referral to a Dietician.

For seniors, healthy eating on a budget can be an additional challenge. Some tips to healthy eating for less can be found [here](#).



STAYING ACTIVE

Physical activity plays an important role in a senior's daily life and is an essential part of their health and overall well-being. With moderate daily physical activity, a senior can improve their balance, reduce their risk of falls and stay independent longer. As well, increased physical activity can positively impact their mental health and well-being. For seniors with complex mental health needs, achieving regular exercise can be a challenge. Issues such as financial restraints or social barriers can be a strong deterrent for older adults with complex mental health needs to participate in exercise or physical activity.

According to the Canadian Physical Activity Guidelines for seniors, here are some tips to encourage seniors to increase their physical activity:

- Find an enjoyable activity
- Minutes count! Try and complete 20 minutes of activity daily.
- Walk wherever and whenever you can.
- Take the stairs instead of the elevator, when possible.
- Carry your groceries home.
- Start slowly and build confidence
- Every step counts

ACKNOWLEDGEMENTS

This toolkit would not be possible without the support and commitment of dedicated individuals to support older adults with complex mental health needs in our community. On behalf of the authors, we would like to express our sincere gratitude to the Stella's Circle participants who inspired and collaborated in the Home to Stay project. Additionally, we would also like to thank the Home to Stay Project Advisory and Steering Committee for sharing their knowledge and contributing to success of the project.

HOME TO STAY ADVISORY COMMITTEE

Hope Jamieson *City Councillor, City of St. John's*

Judy O'Keefe *Vice President, Clinical Services, Eastern Health*

Bruce Pearce *Community Development Worker, End Homelessness St. John's*

Colleen Simms *Director, Provincial Mental Health and Addictions, Government of NL*

Elizabeth Siegel *Director for Information and Referral Services, Seniors NL*

Melanie Thomas *Director, Policy, Housing and Homelessness, NLHC*

Aisling Gogan *Assistant Deputy Minister, Policy and Programs, Children Seniors and Social Development, Government of NL*

Doug Jones *Co-Owner, Serenity Nursing and Home Support Services Ltd.*

HOME TO STAY STEERING COMMITTEE

Lisa Browne *CEO, Stella's Circle*

Gail Thornhill *Director, Housing Services, Stella's Circle*

Karen Noel *Director, Property & Development, Stella's Circle*

Denise Hillier *Director, Clinical Services, Stella's Circle*

Rob McLennan *Director, Employment Services, Stella's Circle*

Michelle Dyke *Director, Corporate Services, Stella's Circle*

Carolyn Bruss *Program Manager, Community Support Program, Stella's Circle*

Keri Chambers *Occupational Therapist, Stella's Circle*

Caitie Burke *Project Coordinator, Home to Stay, Stella's Circle*

HOME MODIFICATION TEAM

Dwayne Whelan *Team Lead, Stella's Circle*

Bob Lee *Carpentry Instructor, Stella's Circle*

Rick Easton *Carpentry Instructor, Stella's Circle*

Mark Baker *Maintenance/ Handyman, Stella's Circle*

REFERENCES

- Everyone Counts: St. John's Homeless Point-in-time Count. (2018). End Homelessness St. John's. Retrieved from <http://www.nlhhn.org/PDF/everyone-counts-report-2018.pdf>
- Grenier, A., Barken, R., Sussman, T., Rothwell, D. W., & Bourgeois-Guérin, V. (2016). Homelessness among older people: Assessing strategies and frameworks across Canada. *Canadian Review of Social Policy*, (74), 1-39. Retrieved from <https://www.homelesshub.ca/sites/default/files/attachments/39889-50157-2-PB.pdf>
- Government of Newfoundland and Labrador. (2016). *Provincial Healthy Aging Policy Framework*. Retrieved from https://www.cssd.gov.nl.ca/seniors/pdf/prov_healthy_aging.pdf
- Government of Newfoundland and Labrador. (2017). Retrieved from *A Report by the All Party Committee on Mental Health and Addictions*. Retrieved from https://www.health.gov.nl.ca/health/all_party_committee_report.pdf
- Hughes ME, Waite LJ, Hawkey LC, Cacioppo JT. A Short Scale for Measuring Loneliness in Large Surveys: Results from Two Population-Based Studies. (2004). *Research on Aging*; 26(6): 655-672.
- Messing, Erica (2002). Nutrition in Mental Health. *Seniors' Mental Health*, (15), 29-30.
- Menec, Verena. (2016). *McMaster Optimal Aging Portal*. Retrieved from <https://www.mcmasteroptimalaging.org/blog/detail/professionals-blog/2016/04/08/loneliness-and-social-isolation-are-important-health-risks-in-the-elderly>
- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. (2014). SAMHSA's Trauma and Justice Strategic Initiative [PDF file] Retrieved from: <https://store.samhsa.gov/system/files/sma14-4884.pdf>