

An Assessment of KW Counselling Services' Role in Meeting the Needs of Seniors

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Table of Contents

Project Objectives	Page 3
Literature Review	Page 3
Methods	Page 4
Analysis Strategy	Page 4
Focus Group Results	Page 9
Discussion and Conclusions	Page 14
Table 1: Focus Group Sample Profile	Page 5
Appendix 1: References	Page 17
Appendix 2: Information Letter to Participants	Page 18
Appendix 3: Background Information Form	Page 20
Appendix 4: Focus Group Questions	Page 22

Project Objectives

The objectives of this project are to discover whether, in the diverse seniors' communities in the Region of Waterloo (ROW), there are unmet mental health needs that Kitchener Waterloo Counselling Services (KWCS) may be able to meet, either on their own or in partnership with another organization.

Literature Review

Academic research in the area of mental health of older people has focused largely on the issue of psychosocial treatments for depression and anxiety in later life with much emphasis on studying one particular type of treatment, namely cognitive behavioural therapy (Canadian Coalition for Seniors' Mental Health, 2006, "Depression;" Laidlaw, 2007; Kaufman *et al.*, 2007). Little academic research exists for understanding suicide risk among older people, the experiences of older people with less common mental health challenges, such as borderline personality disorder, and factors that contribute to emotional and mental well-being and resiliency among elders living in the community (Canadian Coalition for Seniors' Mental Health, 2006, "Suicide Guidelines; Hunt, 2007; Malatesta, 2007).

Two avenues of mental health research among older adults have been pursued to a small degree outside the academic setting. First, some entities have been created by governments that have consulted with older adults in the process of generating recommendations about designing a mental health system to better meet the needs of older adults, such as the Mental Health Commission of Canada (MacCourt, Wilson and Tourigny-Rivard, 2011) and the Ontario Seniors' Strategy (Sinha, 2012). These large scale government sponsored projects have identified common themes in the design of mental health services for older adults, namely the importance of developing an integrated service system, recognizing the diversity of needs and characteristics among older adults, and ensuring that service providers to older adults receive the training required to understand the unique needs of older people.

The government sponsored projects referenced above focus on designing expansive systems of service. The second major avenue of research outside of the academic community, related to the mental health of older adults, places greater emphasis on documenting the lived experiences of older adults and the concrete supports they need to live the highest quality of life day to day. This research is generated by community agencies that undertake small scale studies of the mental health needs of older adults.

One such study was completed in the ROW by the Woolwich Community Health Centre (2010). The Woolwich Community Health Centre (WCHC) completed surveys and focus groups with residents in the Centre's catchment area of Wellesley, Woolwich, and Wilmot Townships surrounding the ROW. The WCHC (2010) asked residents of all ages about a variety of health

topics. They found that older adults reported inadequate mental health services existing in their community, challenges with transportation, inadequate supply of appropriate housing, struggles with navigating the health and social services systems, and a desire for more programs for older people to combat social isolation.

The present study by KW Counselling Services continues the tradition of the WCHC (2010) study in trying to identify the needs of the local community that serves as the catchment area for the agency. However, the present study focuses in depth on one issue in one population, namely the mental health needs of older adults. In this way, the study tries to fill the gap of the large scale government sponsored projects that focus on broad system design in mental health supports for older people. This study also goes beyond the narrow focus of the academic research on specific treatments for a couple of specific mental health diagnoses and assesses the mental health needs of older adults in more general terms.

Methods

In order to fulfill the project objectives a series of 15 focus groups were conducted in the spring and summer of 2013. Recruitment was purposive (Patton, 2002) as groups were approached either through KWCS' established contacts or by approaching a diverse range of multicultural organizations. Key individuals in each of the groups were approached for their endorsement of the project in general. The endorsement was secured for each of the groups in which a focus group was run and those letters of endorsement were part of the application for Research Ethics Clearance (University of Guelph Research Ethics Board Certification, March 27, 2013 #13FE026). Recruitment was concluded when a review determined enough organizations were participating. The list of participating organizations can be viewed in **Table 1: Sample Profile**.

The participants in the focus groups consisted of a sample of generally healthy, older people living in the community. Copious notes were made during the focus groups and transcribed afterwards into a Microsoft Word document that was organized around the interview questions. Data were analyzed using a thematic approach. First, the transcripts were read through to familiarize the researchers with the data. This was followed by a process of re-reading to look for themes within each group and subsequently across groups looking for commonalities and divergences. In writing up the results the effort was made to represent particular themes important to the participants and to illustrate the needs, mental health and otherwise, they identified.

Analysis Strategy

Beyond knowing whether there are unmet needs that may be addressed by KWCS, it was also important to know what obstacles senior respondents could identify that might obstruct their

access to any services that might be made available (see Appendix 4 Focus Group Questions). Knowing the heterogeneity of older persons, the different seniors' communities we recruited were largely distinguished from each other by culture (See **Table 1**). In analyzing the data from the focus group questions we looked for themes to assess whether these cultural differences might present different needs and/or different pathways to meeting those needs. We discussed the results of the focus group questions in the context of searching for commonalities and differences across a number of indicators such as employment background, sexual/gender orientation, length of time in Canada and previous experience with counselling.

Table 1: Focus Group Sample profile

Group	Average Age; Number of Participants & Gender: M/F	Marital Status	Average Residence in Canada	Tried Counselling?	Occupation: Homemaker Salaried Business Waged Retired Unemployed No resp. NR
Calvary Church Lunch Club	78 N = 7 F = 5 M = 2	M = 3 Single = 3 F = 1	Lifetime	No = 7	H = 1 W = 4 B = 1 N
Caribbean	72 N = 5 M = 2 F = 3	M = 4 S = 1	47 years	Yes = 3 No = 2	S = 5
Chinese	69 N = 14	M = 14	5 years	No = 14	H = 1 S = 13

	F = 9 M = 5				
Community Health Centre	69 N = 9 F = 5 M = 4	M = 5 Single = 1 D = 2 W = 1	46 years	Yes = 6 No = 3	S = 1 W = 5 R = 2 NR = 1
Farsi Speaking	65 N = 2 F = 1 M = 1	M = 1 W = 1	12.5 years	No = 2	B = 1 S = 1
LGBTQ	59 N = 12 WF = 3 M = 9	M/common = 11 S = 1 D = 1	Lifetime	Yes = 9 No = 3	S = 7 W = 1 B = 1 R = 1 UE = 1
Linwood Lunch Club	74 N = 3 F = 2 M = 1	M = 1 S = 1 W = 1	Lifetime	No = 3	S = 1 W = 1 H = 1
Mennonite Assisted Living	91 N = 7 WF = 5 M = 2	W = 7	5 lifetime & 2 came as young adults	No = 5 Yes = 2	B = 1 R = 2 W = 2 H = 2
Rockway open	73 N = 5 F = 4, M = 1	M = 3 W = 1 D = 1	3 lifetime, 1 in middle age & 1 senior	No = 1 Yes = 4	S = 4 W = 1

Rockway quilters	81 N = 6 F = 6 M = 0	W = 6	4 lifetime, 1 as child, 1 young adult	No = 3 Yes = 1 NR = 3	B = 2 S = 1 W = 1 H = 1 R = 1
Rockway Separated & Divorced	65 N = 11 WF = 11 M = 0	Sep = 6 Div = 5 S = 1 NR = 1	59 years	Yes = 10 No = 1	B = 1 S = 3 W = 4 H = 1 NR = 1
Russian Speaking	72 N = 10 F = 9 M = 1	M = 5 W = 3 D = 2	16 years	No = 8 Yes = 2	B = 1 S = 7 W = 1 R = 1
Sikh Punjabi	68 N = 7 M = 7 F = 0	M = 7	40 years 1973?	No = 6 Yes = 1	B = 1 S = 2 W = 2 R = 2
South Asian Association Waterloo	71 N = 12 F = 7 M = 5	M = 9 D = 1 W = 2	41 years	No = 9 Yes = 2 NR = 1	S = 5 B = 2 H = 4 R = 1
Waterloo Rec Centre	78 N = 6 F = 4 M = 2	M = 2 W = 2 S = 1 D = 1	74 years	No = 3 Yes = 3	S = 1 W = 3 R = 1 H = 1

Wellesley Seniors	72 N = 4 F = 3 M = 1	M = 1 W = 1 D = 2	71 years	Yes = 3 No = 1	S = 4

As we consider the survey responses from each of the focus groups, the demographic summaries for each group help create a useful context. For example, with a couple of exceptions, the groups are consistent in reporting that only a small minority of persons in each group have, in the past, availed themselves of therapy. Then there are variations at each end of the curve; the ethnic Chinese and the rural Calvary Lunch groups are each unanimous in not having had experience with therapy and the perhaps more vulnerable, LGBTQ, Community Health Centre group and Separated/Divorced are each characterized by having a majority of members with therapy experience.

Similarly, most groups have occupational backgrounds balanced between salaried and hourly-waged backgrounds. The CHC group stands out as being underrepresented on the salary side and the Chinese, LGBTQ, Russian, Farsi, Caribbean, and South Asian communities are overrepresented with salaried and business members. This suggests there are likely some differences in economic resources, educational background and ability to negotiate the health care system. The Chinese, Farsi, and Russian groups are also notable for their residency period in Canada. These groups have an average residency time ranging from five to sixteen years in comparison to the average residency time of several decades in the other group. Their relatively new status in Canada possibly creates particular challenges for these groups as evident in the need for translation services for these focus groups which were not necessary for the others.

Focus Group Results

How do you want to be identified in terms of your age?

The only consensus within groups and between groups on this question was that there is no universally acceptable term for referring to older people. This finding reflects the heterogeneity of opinions, characteristics, and needs within the older population.

There were a variety of responses such as elder, 55+, senior or no age-based label at all. The overriding point was these respondents wanted to be referred to with respect. Some noted cultural descriptors they felt comfortable with, as in this Caribbean response: "Auntie and uncle are terms used in Caribbean culture to refer to older people; young people now in Canada from Caribbean culture think differently and don't use those terms as much". The same terms are sometimes used in the Farsi culture, but they are just one of several terms used; more often people are referred to by their function rather than an honorific.

In the same sense the Sikh Punjabi group members noted the respectful term in their culture was Bujurag, and Papaji was identified among the South Asian participants.

Others saw their identity more by culture than by age as another Caribbean participant put it: "Don't use the term 'visible minority'; [as there] is no 'invisible majority' ...address me in terms of my colour or nationality as 'Black' or 'Caribbean.'"

On a similar theme a LGBTQ respondent remarked: "LGBTQ have been fighting terminology their whole lives; the goal is to avoid negative biases in words. When supporting LGBTQ people, any term used in a sense of respect and equality will be accepted."

What Challenges do you face as an older person?

Driving: Not being able to drive reduces independence

Cooking for one: The incentive to plan, prepare and cook meals is diminished when on loses a partner.

Going to the bathroom more frequently: It is a recurring reminder, along with other physical complaints, that your body is not as resilient as was once the case.

Financial challenges: Such as a lack of affordable housing or adult children returning home and putting financial pressure on some older persons.

New Canadians not fluent in English often face challenges in accessing services.

Others find a lack of respect for older persons is one of the greatest challenges they face. Sometimes it is seniors having the sense that younger people are not interested in the experiences they have to share. In other instances it is associated with a particular cultural understanding or lack of same, such as the challenges that still confront older LGBTQ persons:

“Professionals not seeing you (ie. a partner) as family...not recognizing you as next of kin”, or assuming partners are siblings/friends/father/mother and son/daughter.

Some groups identified family conflict as a concern, noting that they still support the younger generation financially and/or their families do not understand their needs, do not respect them, and just use them for child-care. For example, the Sikh Punjabi group members identified themselves as “professional babysitters” and noted that their wives no longer ask them to choose the meals for the family and instead ask their sons to choose their meals signifying their loss of status in the family. Other groups identified a lack of family members from whom to seek support as the primary consideration. For example, the LGBTQ group members expressed concern about their fates as they age given that they often have no children to advocate for them.

Depression was also identified as a challenge, sometimes precipitated by the death of loved ones and sometimes brought on by the difficulty of making new friends. Some participants revealed their depression was “...partly because of guilt and regret”.

New technologies were mentioned as a challenge when knowledge of those technologies was required to gain service. Participants were also frustrated by having to deal with automated responses (ie. voicemail menus) instead of live customer service representatives.

Do you think some of these challenges might be addressed through a service offered by KW Counselling Services?

While some of the focus groups had nothing to say on this question, others had extensive responses. Among the latter, some spoke of things particular to a counselling setting and others made remarks that suggest there could be great utility in KW Counselling Services partnering with other community organizations to create an integrated program addressing a variety of needs.

Some in the Caribbean group, for example, remarked that in their community clergy and family were the traditional resources and that before they would be comfortable with therapists they would first have to build a relationship of trust. Similarly, the Sikh Punjabi members said they relied on their Holy Book and not professional service providers. They noted however, that younger first generation Canadians in their families are more open to professional service providers like therapists. The Mennonite group also emphasized their reliance on their faith rather than professional counselling supports. Notwithstanding this reliance on religious resource persons, other groups such as those in the South Asian focus group readily replied that counselling would be well sought to deal with loneliness, anxiety, relationships with extended family or issues associated with growing old.

Others, in particular members of the Chinese community, noted that community members who did not speak English were often isolated. Further, some relative newcomers to Canada

needed help with housing. Participants were aware that the children who sponsored them had some financial obligation but the maze of housing application paperwork subsequently revealed what, to the participants, seemed to be hidden costs. The Farsi respondents echoed the point that they tend to rely on friends rather than professional providers but found that making friends was difficult when they, as relative newcomers, were more comfortable speaking Farsi than English.

Respondents who had been in Canada a long time, or were Canadian born, raised issues such as needing help in knowing how to care for sick loved ones, how to fill out forms for service provision and pensions such as Old Age Security and coming to terms with aging. The issue of difficulty with physical tasks such as home maintenance work was identified by those with diminished capacity. Other participants identified transportation as a struggle when one can no longer drive. Some spoke of much more traumatic concerns such as child abuse, not brought forward until later in life, or emotional abuse experienced during marriages prior to seeking divorce.

Participants who are made vulnerable by their status, such as those in the LGBTQ community, expressed a need for help with grief counselling and homophobia, something new to those who came out later in life, and said that therapists had to be familiar with and sensitive to these issues.

We were reminded that there are a variety of communities in the heterogeneity that is the older population in the ROW when we spoke with the Wellesley seniors' group. Some participants, who have lived as rural Canadians all their lives, have become accustomed to relying on each other for support in the absence of professional service providers in their areas. As with the more urban participants, these people struggled with distressing issues from earlier parts of their lives when they have more time for reflection in later life. These issues can draw them to organizations like KW Counselling Services for help.

Are there needs you think are unique to your group?

On this point the responses followed closely the characteristics of each group of participants. In general terms, older persons are more likely to have experienced losses in their social network and so are at greater risk of being isolated and possibly lonely. The rural seniors in particular identified transportation issues because they no longer drive and have fewer specialized medical services in their communities. That said, some participants, especially those people born in Canada, saw nothing unique about their groups.

At the same time, some of the native born Canadian respondents speak less to culture and more to their socioeconomic characteristics as financially vulnerable seniors. They see themselves as being unique from other age groups because, no longer employed, they are hard pressed to pay for cleaning, drug costs, cable television, travel, etc. Other native Canadians have their own cultural issues because of their minority status, e.g. the LGBTQ community.

They note that aging is particularly hard because the LGBTQ culture “is very youth oriented culture” and their social networks shrink because “it is hard to find LGBTQ people; some are in suburbia living a ‘normal life’.

Groups with particular cultural characteristics will self-identify along those cultural lines and remind us, as did the Caribbean group, that family relations are more formal and less spontaneous in Canada. They complain too of being homogenized as being Black as opposed to Black and Caribbean or Black and Canadian immigrant. Participants also pointed out that long residence and having obtained Canadian citizenship does not stop the questions. As long as they live, Canadians are prone to ask “where are you from?” Mennonite respondents made a similar point about their diversity: “professionals need to remember there are many Mennonite communities”.

The same point as the Caribbean community members expressed can be heard in the responses from the Chinese group. They note that in China families must be small and so the importance of good relations with one’s relatives is doubly important.

The importance of family was echoed by the South Asian group members. They expressed frustration about limitations on visitors in hospitals demonstrating a lack of recognition that the contact of family and friends is an important element of healing in their culture.

Conversely, the Farsi-speaking group indicated that professionals sometimes assume erroneously that members of the same cultural community look after each other. They noted there are not close ties in their community among Iranian people due to the history of revolution in Iran causing Iranian people to be suspicious of each other.

Other participants who are immigrants learning a new language and culture face additional challenges from within their own ethnic community. Some Russian respondents noted they needed language interpreters, to help with finding housing because “we are brought to Canada because we are needed for child care... and we live with our children and grandchildren, but once our grandchildren are grown we are no longer needed for child care. Our families want us to go away.”

Where both cultural ties and family relations are strong some respondents identify quite specific needs. The Sikh Punjabi identified three: i) Transportation to temple since it moved to a rural location after outgrowing its central city location. ii) a community centre for South Asian seniors; conventional centres do not, they say, meet their needs. And iii) recreation activities as many seniors in this community are house bound.

There is also some overlap. For example, the Sikh Punjabi respondents, having detailed their culturally specific needs, also see ties to financially vulnerable native born Canadians when they outline needs for pensions, medical benefits, faster ER service, etc.

If you could address your needs through counselling services, how and where would you want to receive them? How would you like to access information about those services?

To begin with not all of the focus group members saw their needs being met via counselling services. Some, such as the Farsi, relied on friends while others, e.g. the Caribbean, the Sikh Punjabi, and the Mennonite groups all focused on their spirituality as the source of support for them.

For those who could envision help via counselling most mentioned preferring to receive services at home, in their place of worship, a professional office, a community centre or a hospital. Pointedly, one group agreed among themselves they would like to receive service in a setting where it would not be apparent to others they were there to get counselling. In short, preferences varied by whatever would make them most comfortable.

In the same vein, responses varied in terms of how respondents would want to access information about counselling services and other topics. Some were adamant they wanted print and others felt equally strongly about web-based information or wanting to use email. Overall, the focus was on accessibility and familiar formats.

Are there topics you would like more information about now that you are getting older?

A number of respondents from different focus groups cited items similar to those raised by the previous question regarding subjects or issues about which participants think that counselling might be able to help. These include items that can affect all seniors: declining health, fitness, financial issues, housing, estate planning, navigating the health care system and government information, etc. Also mentioned above are culturally specific issues such as needing help dealing with Canadian culture when seeking services such as health care.

One respondent said: “I call the kids and they tell me what I need to know.” This is amusing in one sense but a telling indicator of the importance of intergenerational relations on the other.

What obstacles stand between you and the services/information you need?

The range of noted obstacles is considerable. They include age effects; such as older persons unfamiliar with current technology and struggling with voicemail menus rather than a live service person. Participants also noted difficulties with getting language translation for services, transportation to services, and funding to pay for services, as well as struggling to deal with the fragmentation of services, stigma associated with being identified seeking service, and lack of understanding by professionals regarding the participants’ unique characteristics and needs as low income people, members of a multicultural group, or a person who identifies as LGBTQ.

What do “welcoming” organizations for seniors look like?

The overarching theme of responses to this question across groups was that the key components of welcoming organizations are the people. Groups did not primarily identify welcoming organizations in terms of accessibility issues and instead focused on friendly, knowledgeable, and helpful people as the key ingredients of a welcoming place. Welcoming organizations, to the seniors who participated in the focus groups, are ones who respect these elders and make it clear the elders’ needs matter. People feel they matter when they find the organization has someone who warmly greets them, people/human interaction (not just staff on phones) and a relaxing atmosphere. Participants also appreciated organizations that were not prone to prior assumptions such as that everyone is heterosexual, accessible space (doors, washrooms, etc.), and beverage and food availability. Some groups noted that they felt more comfortable in places where others have similar age and gender, and at least some of them are from similar cultural backgrounds.

At an organizational level, some of the cultural groups, e.g. Chinese, say they make a contribution to the community by doing performances at festivals and would like support from a host society such as the KW Multicultural Organization.

Are there issues important to you that we didn’t ask you about?

We asked about needs, services and obstacles to receiving the same. The Chinese focus group members noted we had not talked about ways that they could help themselves. They noted that in their country of origin there typically were not counselling therapists available and so self-help is a customary route for action. And in a similar vein, some made the point that we didn’t ask what they might contribute to younger generations in terms of advice on working, saving money, relationships, etc.

Others revisited themes, clearly important to them, that had been raised earlier such as inadequate pensions, access to continuum of health care and affordable housing.

Discussion and Conclusions

There are different characteristics among the various focus groups reporting here. They correspond, however, to at least a couple of primary themes. These include:

- socioeconomic vulnerability,
- increased training needed for service providers to older people so that providers understand the unique issues faced by older individuals from particular cultural backgrounds, including the LGBTQ culture,
- supports needed for cultural communities populated with seniors for whom English is a second language,

- opportunities for KW Counselling Services to partner with other community service organizations to provide information and services, such as understanding the health care system and financial planning, were noted by a considerable number of persons across various focus groups.
- Finally, particular issues, such as loneliness, past child abuse or dealing with homophobia that might be addressed via KW Counselling Services.

When one looks at **Table 1**, it is clear there are some differences across the groups in terms of financial vulnerability. Most often, although not always, these vulnerable persons are not recent immigrant seniors. They are generally native born Canadians who, through life experiences, find themselves in later life with financial need leading the kinds of issues these persons have identified. They sometimes exist in association with mental health issues, but finances are a significant issue.

The majority of the participants in the focus groups belong to communities who self-identify by cultural background and the fact they are most often persons who immigrated to Canada. The kinds of issues they identify vary; what links them is that their cultural background greatly shapes their needs in later life. Some identified needs, such as difficulty understanding how to fit in to Canadian society, or, as some of the Russian participants reported, feeling diminished and in need of housing after their services as child care providers for their children's children has passed.

The discussion of subjects and issues that respondents reported as possible areas where counselling might help, as well as the points made with respect to areas where more information is needed, each identify a number of services that are beyond the scope of KW Counselling Services but are ones that can easily be seen as partnership/synergy possibilities between the KWCS and a number of other community service organizations. For example, advice on financial or estate planning could be offered by KWCS in partnership with a financial advising firm where KWCS could address anxiety or depression tied to uncertainty about one's financial security.

In the end there are a number of needs identified by some persons in each of our groups where KW Counselling Services could be the provider. Depending on the individual and the group, desired formats vary as do the issues. Nevertheless, depression, loneliness, anxiety and loss of identity are matters that KWCS has the expertise and capacity to address.

Overall, the survey of diverse communities of older persons' needs in the ROW has been instructive. The data demonstrate there are unmet needs in these communities. The data build a foundation for future research that further explores the mental health needs of older people in the multicultural communities in the ROW. Although more than a dozen multicultural communities were represented in this study, attempts to connect with other multicultural groups present in the area were not successful. Specifically, the Korean, Vietnamese, Pakistani,

Eastern European, Arabic speaking, Spanish, Aboriginal, and various groups from Africa were not included in the study.

Another limitation of the study is that the findings from the groups that were included are not generalizable to the population those groups represent because the sample recruitment was purposive to obtain adequate numbers for a focus group. To recruit representative samples was beyond the scope of this study for reasons of time and expense. As well, the responses of the participants could have been influenced by group dynamics in that some group members were well acquainted with each other either creating a climate of trust or a climate of fear in discussing mental health needs in comparison to feedback these group members would have provided on an individual basis.

Despite these limitations, this project provides some previously unidentified insights into the mental health needs of diverse older people within the ROW. The unmet needs identified have formed the basis for starting a dialogue among service providers within the ROW about the potential unmet needs of older people in various communities within the area. These needs can be met under the auspices of agencies like KW Counselling Services but, equally important, there are numerous opportunities for collaborative efforts or partnerships with other community agencies. These opportunities increase the likelihood that the needs of various focus group participants can be met. Simultaneously, these partnerships make such service provision more feasible for agencies who share capacity and costs.

Appendix 1: References

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Appendix 2: Information Letter to Participants



INFORMATION LETTER: SENIORS MENTAL HEALTH SERVICES NEEDS ASSESSMENT IN WATERLOO REGION

KW Counselling Services is conducting a research project to help assess the mental health needs of older persons living in Waterloo Region.

People (55 and older) will be asked to participate in focus groups drawn from different locations and cultural groups in Waterloo Region. These groups have eight to ten people and typically take about one hour.

Groups will be organized and run by Angela Yenssen, Seniors' Services Coordinator at KW Counselling Services. Angela will ask each group questions about their needs, and will seek to identify needs that counselling might help resolve.

KW Counselling will not be asking focus group participants to give their names. Some general background information will be asked, without attaching names but please note people may participate in the focus group without completing the background questionnaire.

While unlikely, if participants become upset during the focus group discussion and want to talk about their feelings privately, staff from KW Counselling will be available to speak to group members privately right away by phone or in person to help them feel better. Group members can also make appointments to see counsellors free of charge at KW Counselling at a later date if they are upset by the focus group discussion.

Group members are asked to keep the opinions expressed by other group members confidential. Please do not tell anyone about specific information shared by another group member.

Comments made during the focus group discussions will be written on a flip chart and group members can check the accuracy of the notes. No one will be identified in the notes. The notes will be used to write a report about the focus groups. The report will be shared with other organizations in Waterloo Region that work with seniors to help them understand the needs of seniors. The information from the focus groups will also be used to create programs at KW Counselling Services that are helpful to seniors.

KW Counselling Services has a contact person for each focus group who has helped find focus group participants. The contact person will be introduced to everyone at the start of the focus group meeting. By December 31, 2013, KW Counselling Services will give the contact person for each focus group a copy of the report written about the groups and information about the new services for seniors starting at KW Counselling based on information shared during the focus groups. Focus group members may also speak to the contact person or Angela Yenssen to get this information.

This project is using verbal consent; if you would like to participate simply indicate your willingness to your group contact person and he or she will give you the time and date details for the focus group. Please note that you can change your mind about participating in the focus group at any time. This includes the right to withdraw from the group during the focus group session. We will do our best to withdraw any comments you have made up to that point in the session.

If you have any questions about this research project please contact Angela Yenssen, Seniors' Services Coordinator, KW Counselling Services, in person at 480 Charles Street East, Kitchener, by phone at 519-884-0000, ext. 205, or by e-mail at ayenssen@kwcounselling.com or Dr. J. Tindale, Professor Emeritus Dept of Family Relations & Applied Nutrition, 519-400-3977 or jtindale@uoguelph.ca You may also contact Director, Research Ethics, University of Guelph 519-824-4120, ext 56606 or sauld@uoguelph.ca

Appendix 3: Participant Background Information Form

BACKGROUND INFORMATION

KW Counselling Services is hoping to learn some background information about the people participating in the focus group today. We do not need to know your name. You are not required to fill out this form but we would appreciate any answers you are willing to give us to the questions below.

1. In what year were you born?

2. What is your gender?

3. What is your marital status?

4. What is/was your primary job?

5. How long have you lived in Canada?

6. In what city, town, or township do you live now?

7. Please circle the word below that best describes your overall health.

Excellent

Good

Fair

Poor

Have you ever attended counselling (meeting a professional one to one to discuss your feelings and problems)? Please circle either YES or NO

Appendix 4: Focus Group Questions

1. How do you refer to yourself (e.g. senior, older adult)?
2. What are the challenges you experience as an older person?
3. A) Are there any things you are experiencing now that you are getting older that counselling might help you deal with?

B) Are there any things you experienced earlier in your life that counselling might help you deal with?
4. What are the needs unique to your group (e.g. Mennonite people, transgendered people) within the broader population of older people?
5. A) If you were to take advantage of counselling services, where would you prefer to see a counsellor (at a counselling agency, other community agency, doctor's office, your home, hospital, wellness centre, other)?

B) Would you prefer to see a counsellor individually or as part of a group?
6. Are there topics about which you want information/education now that you are becoming older?
7. How would you prefer to receive education/information (in print, on the computer, in person individually, in person in a group setting, other)?
8. A) What obstacles do you experience in accessing counselling services?
B) What obstacles do you experience in accessing information/education?
9. What do organizations that are welcoming to seniors look like, sound like, and make people feel?

10. A) Is there anything else we should have asked you?

B) Is there anything important to you that you would like to discuss?