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Volume 8, numéro 2, 2021

The weight of words in whole person care

URI : <https://id.erudit.org/iderudit/1078671ar>

DOI : <https://doi.org/10.26443/ijwpc.v8i2.305>

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Éditeur(s)

McGill University Library

ISSN

2291-918X (numérique)

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Citer ce document

Berkani, S., Bukhari, S., Rej, S. & Lavin, P. (2021). Connecting again with elders in our community: A project to stay together during COVID-19 restrictions and beyond. *The International Journal of Whole Person Care*, 8(2), 7–11.
<https://doi.org/10.26443/ijwpc.v8i2.305>

Résumé de l'article

COVID-19 government regulations resulted in increased social isolation, risk of stress, depression, anxiety, cognitive decline, and re-hospitalization. Telehealth has been highlighted as a potential bridge for healthcare needs, especially in the COVID-19 context. In response to this need our group developed a multicultural, intergenerational, community-based psychosocial intervention. We trained more than 300 volunteers who were able to provide friendly phone support in more than 17 languages to more than 600 older adults across the Greater Montreal Area who could benefit from social connection and support to access community resources. The experience has been heartwarming and facilitating enriching life experiences for seniors, volunteers, and clinicians alike. Furthermore, some preliminary observations suggest that this intervention might have positive effects on the seniors' mental health.



CONNECTING AGAIN WITH ELDERS IN OUR COMMUNITY: A PROGRAM TO STAY TOGETHER DURING COVID-19 RESTRICTIONS AND BEYOND

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ABSTRACT

COVID-19 government regulations resulted in increased social isolation, risk of stress, depression, anxiety, cognitive decline, and re-hospitalization. Telehealth has been highlighted as a potential bridge for healthcare needs, especially in the COVID-19 context. In response to this need our group developed a multicultural, intergenerational, community-based psychosocial intervention. We trained more than 300 volunteers who were able to provide friendly phone support in more than 17 languages to more than 600 older adults across the Greater Montreal Area who could benefit from social connection and support to access community resources. The experience has been heartwarming and facilitating enriching life experiences for seniors, volunteers, and clinicians alike. Furthermore, some preliminary observations suggest that this intervention might have positive effects on the seniors' mental health.

KEYWORDS: COVID-19, Telehealth, Social connection, Elders

Our story is relatable because, like the rest of the world, our community and clinic were unexpectedly hit by the COVID-19 pandemic. Overnight, it was no longer safe to see our patients face-to-face or serve them as we have always done. Our clinic, which overflowed with active clinicians, students eager to learn, lively academic discussions, and wonderful regular patients, became like a silent desert. The confinement measures, along with the cut in multiple in-person social services, further increased the isolation that many seniors were experiencing[1], along with the risk of increases in stress, depression, anxiety, cognitive decline, and re-hospitalization.[2-4]

Other international groups responded to this crisis with initiatives such as the Telehealth Intervention Program for Seniors (TIPS), a community-embedded program targeting low-income older adults, which provided weekly assessment of vital signs, subjective wellness, and wrap-around aging services[5]. A national group, such as the Friendly Neighbor Hotline[6], started a large community-based program to connect seniors to a network of volunteers throughout Toronto who assisted by delivering groceries, household essentials, and food bank items.

As frontline clinicians in mental health, we identified the urgent need for low-cost, scalable, and convenient intervention to mitigate the deleterious effects of fear, anxiety, and depression on our already vulnerable geriatric population. We realized that it had the potential to lessen the burden on healthcare infrastructure by managing and preventing common mental health issues. Initial responses in similar settings involved the transition to virtual interactions, however, one limitation faced by our elderly patients was a relative lack of comfort, skills, and access to digital technology. Therefore, we designed our Telehealth Intervention Program for Older Adults (TIPOA)[6], a pragmatic approach that used telephone service. It was inspired by a sense of solidarity in our Quebecoise community, as well as our clinicians' and researchers' experience in mental health at the Psychogeriatric Clinic of the Jewish General Hospital. Table 1 outlines the steps taken to develop the program.

Table 1 Telehealth Intervention Program Structure

Research Development	A team of clinicians and scientists developed and submitted the Telehealth Intervention Program protocol, which was approved by the Ethics Review Board. The aim was to assess whether a community-based phone service could prevent/mitigate the deleterious effects of fear, anxiety, and depression on our geriatric population.
Community and Outreach Team	A group of research assistants, social workers, and graduate students worked on developing an extensive and updated list of community resources.
Recruitment	We recruited (>300) volunteers from multiple academic, professional, linguistic (17+) and cultural backgrounds and generations. Every candidate went through interviews and background check.
Matching	Seniors' needs and preferences were matched with volunteers' levels of skills and languages spoken.
Training	1-2 weekly training sessions in English and French were led by 2 clinicians. The scope included a full description of the program, psychoeducation about mental health, common geriatric issues, trouble shooting and resources sharing.
Follow-up Support Sessions	Volunteers had access to 2 drop-in sessions per week with a clinician or trainer to discuss cases.
Hotline Services	A group of 7 clinicians (social worker, occupational therapist, neuropsychologist, nurse practitioners in mental health, etc.) are on 4-hour on-call shift to provide service to volunteers and patients when experiencing a concern.
Quality Assurance System	<p><i>Client Support System</i></p> <p>Dedicated phone number for clients (e.g., to discuss issues with their volunteer, or to request delivery of the service).</p> <p><i>Quality Assurance Calls</i></p> <p>Patients were called on a regular basis to seek their feedback about the program.</p> <p><i>Volunteer Call Log</i></p> <p>Volunteers reported their calls and issues through a confidential weekly log system.</p> <p><i>Program Evaluation</i></p> <p>Qualitative research (e.g., interviews and focused groups) with patients, volunteers, and community stakeholders.</p>

The volunteers were well equipped to provide a safe, high-quality service that included connecting seniors with social programs from our community partners and the government. To date more than 600 older adults over 60 years old have participated across the greater Montreal area.

To illustrate how this intervention has been perceived here are some testimonials from our clinicians, volunteers, community partners, and clients:

“The calls are the best thing in my life. She is always there. We both really love each other. It is a perfect match. Right now, I need someone and there she is. She’s always ready to listen, she’s the rock in my life right now.”

TIP-OA Client

“I would pay a thousand dollars for this...I am so alone...my friends don't call me anymore because they're sick and can't get to the phone.”

TIP-OA Client

“To know that you're making a difference in somebody's day, that you're making an impact definitely helps my [own] mental health.”

TIP-OA Volunteer

“Well, some of the clients actually use the word joy. It has brought joy to their life. Yesterday I was talking about one of our members who is also receiving the TIP-OA calls. He was hospitalized. Knowing that he would get a call from his volunteer made him feel so much better when he was very ill. Just knowing that he was going to get that good time help him go through all that difficult time that he was having at the hospital.”

TIP-OA Community Partner

“TIPOA has been an exciting opportunity to respond in a timely manner to seniors who have been experiencing acute mental and/or social concerns while experiencing limitations to access their usual services due COVID19”.

TIP-OA clinician

“During the last year, I found my experience volunteering with TIP-OA to be both enlightening and enriching. This program gave me the opportunity to support patients in their time of need and help to decrease their isolation. Throughout my experience, I enjoyed the time exchanging with patients and offering them motivational support.”

TIP-OA Volunteer

Based on these testimonials and our observations, we plan to continue serving our seniors in this way, thereby supporting those who have built our province and country. Thus far, more than 100 patients have participated in the research component of TIPOA. These data will provide insight about whether TIP-OA can be model for large-scale public mental health interventions that address both the prevention and mitigation of mental health conditions in our older community. ■

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