CIHR IRSC
Discoveries for life

Knowledge Mobilization Update Report

Operating Grant: COVID-19 Mental Health & Substance Use Service Needs and Delivery

Instructions:

The Operating Grant: COVID-19 Mental Health & Substance Use Service Needs and Delivery aims to address the specific mental health and/or substance use crisis response needs resulting from the COVID-19 pandemic and/or the strategies to contain and mitigate its impact.

As outlined in the conditions of funding, funded teams are required to provide knowledge mobilization updates. The purpose of this report is to inform CIHR's knowledge mobilization efforts, promote the work being done by teams funded in this competition, and better understand the barriers and facilitators that research teams are experiencing.

This final report template has been tailored based on data collected in previous reports in order to facilitate accurate reporting for the projects funded through this competition.

Information recorded in this report may be made available to knowledge users, including policy makers, healthcare and service providers, partners, and the general public, and may be used to facilitate additional CIHR knowledge mobilization activities, and enable linkages between research teams and partners and/or knowledge users.

***Please complete this report even if your project is ongoing**.*

*Email completed report to COVID19MH-COVID19SM@cihr-irsc.gc.ca by **August 25, 2021**.*

Date: August 25, 2021

Project Title: Socialization Intervention and Mental Health Monitoring for Older Adults in the Era of Physical Distancing due to COVID-19

Nominated Principal Investigator (name and primary affiliation): Megan O'Connell, University of Saskatchewan

SECTION 1. PROJECT CHARACTERISTICS

1A. Target age range under investigation (check all that apply):

- ☐ Children (0-11 years old)
- ☐ Youth (12-18 years old)
- ☐ Young adults (19-25 years old)
- ☐ Adults (26-69 years old)
- ☒ Older adults (70+ years old)

1B. Target/priority population(s) under investigation (check all that apply):

- ☐ Parents of children (including pregnant women)
- ☐ Caregivers
- ☐ Bereaved individuals
- ☐ Indigenous Peoples and communities
- ☐ Refugees
- ☐ Individuals released from correctional settings
- ☐ LGBTQ2S or 2SGBQM
- ☐ People who use drugs
- ☐ Individuals with pre-existing chronic health conditions
- ☐ Individuals with pre-existing mental illness
- ☐ Healthcare workers (including trainees)
- ☐ Public safety personnel
- ☐ Other (please specify):

1C. Methodologies used (check all that apply):

- ☐ Evaluation of intervention (specify):
  - ☐ Self-guided intervention
  - ☐ Workshop or webinar
  - ☐ Peer-to-peer support
  - ☐ Single session intervention
  - ☒ Therapist-assisted intervention
  - ☐ Specialized intervention
  - ☐ Model of service delivery
  - ☐ Other:
- ☒ Qualitative methods (e.g., focus groups, interviews)
- ☐ Cross-sectional survey
- ☒ Longitudinal cohort
- ☐ Systematic review
- ☐ Indigenous approaches
- ☐ Other:

1D. Recognizing the potential barriers to research due to the COVID-19 pandemic, and to inform CIHR-led knowledge mobilization activities, please describe the current status of this project:

Ethics approval obtained	☒ Yes	☐ No (pending)	
Data collection (e.g. participant recruitment, cohort development)	☐ Not started	☒ Ongoing	☐ Completed
Data analyses	☐ Not started	☒ Ongoing	☐ Completed
Knowledge mobilization activities (e.g. manuscripts, presentations)	☐ Not started	☒ Ongoing	☐ Completed

If the project is not complete, please indicate expected completion date:

Additional comments (if required):

1E. What is the geographic location your project is focused on (check all that apply)?

☐ Pan-Canadian

☒ Specific province(s) and/or territory(ies), please list: SK & BC

☐ International

☐ Indigenous communities

☐ Other:

SECTION 2: PROJECT RESULTS

2A. Provide a plain language (lay summary) update on the results and key messages of this project to be published on CIHR's website https://cihr-irsc.gc.ca/e/52079.html (maximum 200 words):

During the pandemic, technology-mediated communication was one of the few ways to maintain social and community connections. We describe how telephone-based training grounded in principles of cognitive rehabilitation can be used to remotely train older adults to use new technology and to help them maintain their community-based connections and engage in socialization. We also explored barriers and faclitiators to virtual communications durig the pandemic for older adults, which will inform us how to help those who are most vulerable. FInaly, we tracked the mental health of older adults and provided them with virutal platforms for socializatoin to mitigate the impacts of the pandemic on poor mental health outcomes.

2B. List up to three key "successes" of your project:

- We describe how telephone-based training grounded in principles of cognitive rehabilitation can be used to remotely train older adults to use new technology and to help them maintain their community-based connections and engage in socialization. Fear of technology during the pandemic can cause significant impairment in social functioning for older adults, at least when the only method for socialization is technology mediated such as during the COVID-19 pandemic. Empathically delivered

remote training in an understanding manner can reduce fear and increase social and community connections in the era of physical distancing.

- During the pandemic, technology-mediated communication was one of the few ways to maintain social and community connections. We adapted the technology acceptance model (TAM) for the pandemic, the COVID-TAM, and describe how physical distancing led to new acceptance of technology due to an increased perception of usefulness of technology for social and community connections. A minority of older adults denied using technology, and when asked about the reasons underlying their reluctance to use technology to access social networks and community events during the pandemic. Thematic analysis revealed factors consistent with a double-digital divide; lack of physical exposure to technology creates an additional psychological barrier to adoption of new technology. Of the technology-reluctant subgroup of older adults, few reported lack of perceived usefulness of technology during the pandemic. Instead, most reported lack of self-efficacy or fear of technology underlying their lack of technology use for social and community connections during the pandemic, which we incorporate into the COVID-TAM.
- Interviews about socialization experiences during the pandemic revealed: (1) compressed and mediated socialization; and (2) experiences of isolation. These themes capture the impact of lockdown and changes to patterns of socialization, and how older adults made decisions about in-person socialization. We also observed a number of protecting and disadvantaging factors towards the experiences of isolation. Protective factors included being optimistic about the vaccine and maintaining a positive attitude. Disadvantaging factors included not having close family, having experienced a recent loss, not being able to connect with family, and the feeling of having "too much alone time".

2C. How do your results fit (or not fit) with current research addressing this topic (locally, nationally, internationally)? Please describe any unexpected findings from your project.

We expereinced difficulites recruiting older adults for our socializaiton hubs, which we initially postualted was due to the waxing and waning degree of social distancing restrictions. We found it easier to recruit from the sample of older adults who pariticpated in the mental health tracking arm of the study - this group was more likely to sign up for socialization hubs. Finally, although we expected to find variablity in comfort with and access to technology that could be used to maintain social and community connections, we were suprrised by the degree of variablity. We focussed on random samples of older adults to briefly query about use of technology to maintain socialization, which helped to support our intiial impressions - some older adults are very techphobic and spent much of the pandemic sociaally isolated.

2D. How can the outcomes of this project address the mental health or substance use needs of vulnerable or at-risk populations in an equitable manner?

Our challenges engaging older adults who have a reluctance to try technology for socialization have led to us learning to scaffold their use of technology from telephone-only contact to videoconferencing, if they have the infrastructure. For some, all contact was only by telephone to create equity in accessiblity. We still see many older adults with a fear of technology and even more older adults without access to technology. We have a flexible and multi-pronged approach to engaging with older adults to maintain or increase their socialization, and have a website with short targeted training videos created on topics requested by older adults, but also work with them individually.

☒ This was not in the scope of our project.

2E. Over the course of the entire project, briefly list up to three challenges to conducting this research within the COVID-19 context?

- We had a hard time recruiting older adults to engage in socialization groups with strangers and were more successful at helping existing networks connect virtually - we did all the trainign and hosting for book clubs, a group of older German women, SCOA events, and the Alzheimer Society of SK online events.
- Socialization via telephone is less rewarding than by methods that are a closer analogue to in-person, namely videoconferencing. We encountered too many older adults without the financial resources to access newer technologies required to engage in videoconferencing.
- All contacts, recordkeeping, and supervision took more time and relied on intact secure servers. One of our servers across the whole campus was disabled for 6 weeks and hampered all of our work.

2F. Briefly list up to three facilitators to conducting this research within the COVID-19 context?

- Older adults changed their views on use of technology for sociallization due to the pandemic, which we described in the COVID-TAM.
- Our work on helping community partners engage in virtual methods of communicaiton and interventions will help reduce rural/urban disparities in access to services. Hopefully these organizations retain their use of online videoconferencing to allow for broader access (where, of course, rural settings have sufficint infrastructure).
- As the pandemic persited, more and more older adults became comfortable with remote methods of communcation. Many had engaged in remote physicain appointments, for example. Attitudes about remote healtcare have changed and we will likely see remote and hybrid approaches to healthcare post-pandemic.

2G. Please describe if/how you have leveraged additional funding to support the sustainability and/or ongoing work for your project.

We have not applied for additional funding for this work, but the findings regarding technology inquity have implications for the furture of healthcare which will ikely be some hypbrid of remote and in-person, and some vulterable older adults will be left out by these changes in healthcare delivery. Anything focussed on rural/urban inequties in dementia care will be addressed with currently held funding.

SECTION 3. KNOWLEDGE MOBILIZATION

3A. How were specific stakeholder groups engaged in your project? (e.g., patient partners, health and/or mental health providers, decision makers, knowledge users, etc.)

Megan O'Connell and Lisa Poole of Dementia Advocacy Canada are on the Caregiver Working Group of the Alzheimer Society of Canada COVID-19 Task Force, where we have determined that mental health tracking is critical but lacking for care partners of persons living with dementia during COVID-19. The current project had a wider scope thatn that focussed on dementia and caregiving in COVID and the two pulications helped to inform the current projejct. This project first focused on Twitter data was actually suggested by Lisa, and did thematic coding work the rest of the research team is doing to understand the experiences of persons caring for persons

with dementia. We also have a scoping review on caregiving and dementia and COVID published with Lisa. these are not listed below because our collaborations moved into more of a dementia focus). We also have community partners who were could have had as knowledge users but who are partnering with us for these interventions. We supported all of the move to online programming for SCOA and the Alzheimer Society of SK; for SCOA we are co-hosting their online events.

3B. What is the next important gap or question that needs to be addressed in the COVID-19 recovery context?

The findings regarding technology inquity have implications for the furture of healthcare which will ilkely be some hypbrid of remote and in-person, and some vulterable older adults will be left out by these changes in healthcare delivery.

3C. Knowledge dissemination plan (complete the following table):

Product/Tactic/Strategy (May include: infographics, reports, webinars, websites, etc.)	**Target audience(s)**	**Partner organization(s) engaged in (or leading) knowledge dissemination**	**Timing**	**Will the product be bilingual (Y/N)***
O'Connell, M. E., Haase, K. R., Grewal, K. S., Panyavin, I., Kortzman, A., Flath, M., Cammer, A., Cosco, T. D., & Peacock, S. (2021). Overcoming barriers to technology adoption for older adults to maintain virtual community and social connections during the COVID-19 pandemic. Clinical Gerontologist. https://doi.org/10.1080/07317115.2021.1943589	Researchers	N/A	Completed	N
Haase, K., Cosco, T., Kervin, L., Riadi, L., & O'Connell, M. E. (2021). Older adults' experiences	Researchers	N/A	Completed	N

of technology use for socialization during the COVID-19 pandemic: A regionally representative cross-sectional survey. JMIR Aging, 4(2), e28010. http://www.doi.org/10.2196/28010				
O'Connell, M. E. (2021). Mental health and older adults in COVID. Saskatoon Council on Aging Coffee Chat Webinar.	General public	Saskatoon Council on Aging	Completed	N
O'Connell, M. E. (2020). Technology and older adults in COVID. Saskatoon Council on Aging Coffee Chat Webinar.	General public	Saskatoon Council on Aging	Completed	N
O'Connell, M. E. (2020). Zoom 201 – getting comfortable with virtual methods of communication. Alzheimer Society of Manitoba.	General public	Alzheimer Society of Manitoba	Completed	N
Haase, K., Kardeh, B., Kilgour, H. M., Detwyler, D., Verma, R., Cosco, T., Peacock, S., & O'Connell, M. E. "It's part of what makes us human": A qualitative investigation of altered socialization amongst older adults during the COVID-19 pandemic	Researchers	N/A	in progress	N
O'Connell, M. E., Haase, K., Cammer, A., Peacock, S., Cosco, T. & Holtslander, L. Older Adults' Acceptance of Technology During the Pandemic: The COVID Technology Acceptance Model (TAM). Submitted to GSA and will become a manuscript	Researchers	N/A	in progress	N

3D. How could CIHR enhance knowledge mobilization, dissemination, or uptake of knowledge from this project, including tactics outlined in the knowledge dissemination plan (above)?

We have already participated in an interview with CIHR about this work.