Guideline: Addressing Older Adults' Distinct Psychosocial Issues in Emergency Situations

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2008

GUIDELINE:
Addressing Older Adults' Distinct Psychosocial Issues in Emergency Situations

1. Key Messages:
Key messages for addressing older adults' distinct psychosocial issues in emergency situations include:

Diverse Living Arrangements
➢ Identify who the vulnerable elderly are, and where they live.
➢ Integrate emergency preparedness and response considerations into these environments.
➢ Support care-giving and supportive relationships within families and other social networks in emergency situations.
➢ Engage older adults in personal emergency preparedness in their homes and communities, including evacuation planning.
➢ Include the companion animals that live with older adults in emergency preparedness including evacuation planning.

Increased Prevalence of Dementia and Delirium
➢ Develop educational modules for health professionals on common diseases occurring among older people.
➢ Build capacity to respond to increasing numbers of people with dementia.
➢ Provide ongoing management of chronic illnesses in emergency situations.

Risk of Social Isolation
➢ Develop strategies to reduce isolation among older adults.
➢ Provide outreach to isolated older adults in emergency situations.
➢ Engage older adults in emergency planning and community rebuilding activities.

Age-Related Crises and Adaptation Challenges
➢ Adopt age-friendly practices for the delivery of emergency services including evacuation and rehabilitation activities.
➢ Use age-friendly communication strategies.
➢ Recognize that emergencies create opportunities for leadership and participation as well as risk for neglect and marginalization for older adults.

The Accumulation of Stressors
➢ Recognize and respect the individual circumstances and priorities of older individuals.
➢ Understand that older adults may have increased resilience due to life experience but also are at risk of being overwhelmed by the accumulation of stressors.
➢ Promote healthy and active ageing as a strategy for building resiliency.

Risk for Exploitation and Abuse.
➢ Protect vulnerable older adults from exploitation and abuse.
➢ Engage older adults in self-help and mutual aid activities.
➢ Protect older adults from systemic discriminatory practices in emergency response and recovery activities.

2. Recommendations:

Communities should:
- ➢ Mainstream responsiveness to older adults' distinct psychosocial issues within the fabric of emergency management as a natural continuation of responsiveness to these issues in the ongoing life of the community in general.

Individuals who will be helping older adults in emergency situations should:
- ➢ Be aware that older adults have distinct psychosocial issues **including increased prevalence of dementia and delirium, diverse living arrangements, risk of social isolation, age-related life crises and adaptation challenges, the accumulation of stressors and risk for exploitation and abuse.**
- ➢ Determine what level of information they need (*general, informed, in-depth*) to enable them to select relevant educational resources about older adults' distinct psychosocial issues.
- ➢ Be aware that there may be specific psychosocial issues about which a higher level of information is needed, given the nature of one's anticipated role in helping older adults in emergency situations.
- ➢ Access readily-available resources to familiarize themselves as necessary with older adults' distinct psychosocial issues.
- ➢ Consider resources on psychosocial issues and older adults in general, as well as resources specific to the emergency management context.
- ➢ Be prepared to go beyond the information that is readily available for self study to more formal training on key issues such as interacting with older people who have dementia and detecting and preventing delirium.

Organizations that support individuals who will be helping older adults in emergency situations should:
- ➢ Promote an organizational culture of continuous learning.
- ➢ Facilitate access to resources and training for staff and volunteers.
- ➢ Partner with gerontology/geriatrics organizations and others to access and develop educational materials and training opportunities.

3. Protocol:

Tools to assist individuals, organizations and communities to implement the recommendations:
- ➢ A list of questions individuals and organizational leads should ask themselves to determine the level of further education and training they require to put themselves in a position to better address older adults' distinct psychosocial issues in emergency situations.
- ➢ A sample of on-line resources that address older adults' distinct psychosocial issues in general as well as specific to the emergency management context and an example illustrating how these resources might be used for self-study.
- ➢ An example of a visioning exercise in which responsiveness to older adults' distinct psychosocial issues – specifically, increased prevalence of dementia and delirium, diverse living arrangements, risk of social isolation, age-related life crises and adaptation challenges, the accumulation of stressors and risk for exploitation and abuse - is mainstreamed within the fabric of emergency management as a natural continuation of responsiveness to these issues in the ongoing life of a hypothetical community.

Introduction
The Centre for Emergency Preparedness and Response (CEPR), Public Health Agency of Canada identified a need to develop guidelines and protocols to address older adults' issues in emergency situations. Although there is increasing understanding of older adults' issues in emergencies, including issues related to their emotional and behavioural well-being, there are few Canadian guidelines to facilitate the delivery of services to this population during crises. This paper contributes to closing this gap in emergency management practice in Canada. The paper is intended as a practical, generic document that can be adapted to inform specific situations and circumstances. The paper focuses exclusively on older adults' distinct psychosocial issues, however the reader is strongly urged to bear in mind that these issues must be addressed in conjunction with other biological, environmental and political issues in the real life context of emergency situations.

Objective
The overall goal of the paper is to present a Guideline for addressing older adults' distinct psychosocial issues in emergency situations. The Guideline consists of a summary of Key Messages for addressing older adults' distinct psychosocial issues in emergency situations, a series of Recommendations, and a Protocol to assist individuals and organizations to act on the Key Messages and implement the Recommendations.

Outline
The paper is organized in three sections. In Section 1, a synopsis of older adults' distinct psychosocial issues is presented and Key Messages for mainstreaming of older adults' distinct psychosocial issues in emergency situations are developed.

In Section 2, Learning Needs are explored.
- First, an approach to determining learning needs about older adults' psychosocial issues is described.
- Second, strategies for meeting learning needs are identified.

In Section 3, the Recommendations and Key Messages are translated into an actionable protocol. The protocol is intended to assist individuals and agencies to meet their learning needs and move from knowledge to practice. The importance of adapting this generic protocol to local contexts is acknowledged, and indeed, encouraged. The protocol has three components:
- A list of questions individuals and organizational leads should ask themselves to determine the level of further education and training they require to put themselves in a position to better address older adults' distinct psychosocial issues in emergency situations.
- A sample of on-line resources that address older adults' distinct psychosocial issues in general as well as specific to the emergency management context and an example illustrating how these resources might be used for self-study.
- An example of a visioning exercise in which responsiveness to older adults' distinct psychosocial issues is mainstreamed within the fabric of emergency management as a natural continuation of responsiveness to these issues in the ongoing life of a hypothetical community.

Section 1: Older Adults' Distinct Psychosocial Issues

1.1 Synopsis
Adults of all ages deal with a progression of psychological and social issues, including relationship dynamics, family matters, work and leisure activities, cultural expectations, life crises and transitions, and personally-meaningful successes, failures, gains, losses, challenges and opportunities. The majority of adults navigate these experiences across the life course in a state of good mental health most of the time. Not uncommonly, in adults of all ages, mental health problems arise as a discrete response to a particularly stressful set of circumstances. Most people adapt and recover their equilibrium.

There are adults in all age groups for whom health problems and disorders exacerbate life's challenges on an ongoing basis. Some disorders with significant cognitive and behavioural symptoms become increasingly likely with age, particularly **dementia and delirium.** Dementia is a progressively debilitating neurological disorder that becomes increasingly common with advanced age (Chertkow, 2007). Alzheimer disease is the most common form of dementia in older adults. Delirium is a medical emergency (Hogan, Gage, Bruto, et al., 2006). It presents as a sudden change in mental function. Persons with delirium may fade in and out of consciousness, have difficulty paying attention, are disoriented and sometimes are delusional. Causes are diverse and include drug interactions, infections, a failure in diabetes management and uncontrolled pain. Older adults are highly susceptible to delirium when their health status is compromised.

In addition to having a different profile of health problems, older adults differ from younger adults on a number of other psychosocial issues. **Living arrangements are diverse among older adults** (Trucotte and Schellenberg, 2007)**.** Many older adults reside by themselves, with their spouses or in multigenerational households in residential neighbourhoods and apartment complexes. Others live in structured or naturally-occurring retirement communities (high density housing areas occupied predominantly by seniors). Still others make their homes in long-term care and assisted living facilities. Although the majority of older adults live in urban areas, a substantial number make their homes in the rural areas that surround towns and cities, as well as in more remote areas.

Relocations at older ages typically involve downsizing and a move to a more manageable or supportive environment. Parting with the acquisitions of a lifetime, accepting the need for change due to decreasing capacity for functional independence, and leaving behind a familiar environment are potential sources of stress for some older adults. For other older adults, late life transitions in living arrangements are a positive experience, in that they create opportunities for new relationships and activities, reduced responsibilities and welcomed support.

Regardless of where they live, the majority of older adults are well integrated within their communities and have supportive family networks, although family do not necessarily live close by. Unfortunately, however, some older adults are at significant **risk for social isolation** due to a combination of circumstances and choices (Hall, 2004). The term social isolation describes a situation in which a person has few interpersonal relationships or social roles. Personal factors that can contribute to social isolation include increased likelihood of living alone at older ages, role losses, mobility problems, financial difficulties and poor health. Social factors include

changes in family structure, a highly mobile society and trends that discourage communal living arrangements for older adults in favour of independent residency.

Some **life crises and adaptation challenges** are more likely to occur in older adulthood than earlier in the life course (Oriol, 1999). For example, older adults are more likely to experience life-changing events such as retirement, loss of a spouse, functional and social problems caused by diminished sensory capacities and chronic disease, and altered financial, mobility, self-care and home maintenance capacities. Older adults have a wealth of practical expertise and diverse experiences to draw on in coping with the psychosocial issues they encounter in life. At the same time, health, social support and economic resources are clearly implicated in personal and social well-being. The **accumulation of stressors** may offset the benefits of life experience at later stages of the lifespan (Baltes and Smith, 2003).

With increased vulnerability comes an increased risk for **exploitation and abuse**. Elder abuse is doing something or failing to do something that results in harm to an elderly person or puts a helpless older person at risk of harm (Medline Plus). Vulnerable older adults may be at risk for physical, sexual and/or emotional abuse. Harm may also result when a caregiver neglects or deserts an older person he or she is responsible for, or misuses the older person's money or property. Vulnerable older people are also at risk for exploitation from unscrupulous trades-and business people who recommend home repairs or other purchases that are unnecessary or fail to deliver services as contracted.

1.2 Key Messages:
One of the ten actions to end age discrimination identified by HelpAge International (2001) is to include and consult older people in emergency aid and rehabilitation planning after disasters and humanitarian crises. Research by HelpAge International (2006) demonstrates that mainstreaming older adults' distinct issues within emergency management is an essential strategy to combat the systemic neglect of older persons in emergency situations. Concurrently, one of the emerging trends in emergency management is an awareness of the importance of community resilience as the bedrock for emergency resilience (Hutton, 2001). Community-based organizations, including health care and service providers, emergency managers, business people and other citizens should come together to imagine the possibilities, set targets, establish milestones and develop a critical mass of intellect, resources and enthusiasm to develop emergency resiliency as a component of community resiliency.

Strategies for action on mainstreaming older adults' needs within emergency management practices have been elaborated in several recent documents, including an analysis of hurricanes Katrina and Rita (Gibson and Hayunga, 2006), a Public Health Agency of Canada report prepared for presentation at the United Nations Commission for Social Development (Public Health Agency of Canada, 2008), and two recent World Health Organization (WHO) reports. In the first of these, Hutton (2008) provides a situational analysis of older people in emergencies, leading to recommendations for the development of policies and practices which will enhance emergency health planning and programming for older people. In the second, a new technical report (WHO, in press) sixteen major emergencies and disasters world-wide, including four Canadian events, are analyzed to identify the impact on older persons. The WHO (in press)

document includes an integrated strategy for emergency preparedness and response that is grounded in the WHO Active Ageing Policy Framework (WHO, 2002).

Recommendations in these various documents speak to both universal (non-age specific) and distinct age-related issues in emergency situations. Psychosocial issues are included among other concerns (e.g., nutrition, mobility, livelihoods). Several recommendations in these broader documents pertain to the older adults' distinct psychosocial issues that are the focus of this paper, including the following:

Diverse Living Arrangements
➢ The need to identify who the vulnerable elderly are, and where they live.
➢ The need to integrate emergency preparedness and response considerations into these environments.
➢ The need to support care-giving and supportive relationships within families and other social networks in emergency situations.
➢ The need to engage older adults in personal emergency preparedness in their homes and communities, including evacuation planning.
➢ The need to include the companion animals that live with older adults in emergency preparedness including evacuation planning.

Increased Prevalence of Dementia and Delirium
➢ The need to develop educational modules for health professionals on common diseases occurring among older people.
➢ The need to build capacity to respond to increasing numbers of people with dementia.
➢ The need to provide ongoing management of chronic illnesses in emergency situations.

Risk of Social Isolation
➢ The need for strategies to reduce isolation among older adults.
➢ The need for outreach to isolated older adults in emergency situations.
➢ The need to engage older adults in emergency planning and community rebuilding activities.

Age-Related Crises and Adaptation Challenges
➢ The need to adopt age-friendly practices for the delivery of emergency services including evacuation and rehabilitation activities.
➢ The need to use age-friendly communication strategies.
➢ The need to recognize that emergencies create opportunities for leadership and participation as well as risk for neglect and marginalization for older adults.

The Accumulation of Stressors
➢ The need to recognize and respect the individual circumstances and priorities of older individuals.
➢ The need to understand that older adults may have increased resilience due to life experience but also are at risk of being overwhelmed by the accumulation of stressors.
➢ The need to promote healthy and active ageing as a strategy for building resiliency.

The Risk for Exploitation and Abuse.
- ➢ The need to protect vulnerable older adults from exploitation and abuse.
- ➢ The need to engage older adults in self-help and mutual aid activities.
- ➢ The need to protect older adults from systemic discriminatory practices in emergency response and recovery activities.

A handout of the Key Messages is attached to the end of this document.

Recommendation:
   Communities should:
   - ➢ Mainstream responsiveness to older adults' distinct psychosocial issues within the fabric of emergency management as a natural continuation of responsiveness to these issues in the ongoing life of the community in general.

Recommendation:
   Individuals who will be helping older adults in emergency situations should:
   - ➢ Be aware that older adults have distinct psychosocial issues including increased prevalence of dementia and delirium, diverse living arrangements, risk for social isolation, age-related life crises and adaptation challenges, the accumulation of stressors and risk for exploitation and abuse.

Section 2: Learning Needs

2.1. Determining learning needs.
The challenge in a busy world with multiple expectations and demands is to determine how much and what kind of information one needs to function effectively in a given situation. Everyone who can anticipate that they will be called on to help older adults in emergency situations should have a role-congruent minimum level of knowledge about psychosocial issues that are common for this age group. "Everyone" includes both personnel on the emergency management side of the equation and those in the service and helping professions.

 Some of those who anticipate helping older adults in emergency situations will have only minimal contact and limited impact on psychosocial well-being, given their roles. These individuals should, nonetheless, have a **general understanding** of the issues. They should know, for example, about normal age-related changes in functioning and the challenges associated with these. For example, they should know that older people who find it hard to hear, see and get around are at risk for being misunderstood by younger, healthier adults, and that poor communication and decision-making can be the result. A general level of understanding about older adult's distinct psychosocial issues includes both awareness of the factors that increase vulnerability for older adults as well as respect for the resiliency and perspective that comes with maturity.

Others who anticipate helping older adults in emergency situations require an **in-depth understanding** of the distinct psychosocial issues that older adults face. This latter group includes those who are involved in large-scale planning to ensure the needs of vulnerable populations are included appropriately in relief efforts. Another group would be mental health providers who deliver professional services to older adults related to their coping with the effects of an emergency or trauma. Another group would be first responders who are involved in evacuating older adults from long term care homes and assistive living facilities or in reaching out to isolated older adults.

Between these two groups is a large middle category that encompasses those who do not necessarily need in-depth understanding to do their work effectively, but who do need an **informed understanding** about the relevant issues above and beyond the general level. For example, people who can anticipate working with community-dwelling older adults in challenging or stress-provoking situations such as home evacuations need to have an informed knowledge base to guide their actions with skill and sensitivity.

> *Recommendation:*
> Individuals who will be helping older adults in emergency situations should:
> ➢ Determine what level of information they need (*general, informed, in-depth*) to enable them to select relevant educational resources about older adults' distinct psychosocial issues.

Importantly, many people may find that an informed understanding about most psychosocial issues serves them well, but that there are specific issues about which they need to have more in-depth knowledge, given the nature of their work. For example, shelter managers may be well

served by an informed understanding of older adults' distinct psychosocial issues in general, but need an in-depth understanding of the risk of exploitation and abuse. Individuals should be alert to this possibility and acquire additional knowledge as needed.

> *Recommendation:*
> Individuals who will be helping older adults in emergency situations should:
> - Be aware that there may be specific psychosocial issues about which a higher level of information is needed, given the nature of one's anticipated role in helping older adults in emergency situations.

2.2. Resources for learning about older adults' distinct psychosocial issues

Many of the psychosocial issues that older adults face as they live their lives are similar to those faced by young and middle-aged adults. However, there are some distinct issues that reflect the developmental tasks and challenges of aging. Fortunately, there is a wealth of readily available literature and other potential opportunities for learning about these issues.

2.2.1 Self-study
Individual learners need to determine the context in which they are likely to encounter older adults in emergency situations, and from there, evaluate whether their current knowledge base is sufficient to the task. Many individuals are likely to realize that there are specific issues about which they are not well enough informed. Fortunately, there are many on-line resources that address older adults and psychosocial issues, both generally and with specific reference to emergency situations.

Reliance on on-line resources as the primary means of self-study assumes a sufficient degree of computer literacy, and some people may find that they need to seek assistance with this learning task before moving on to the actual utilization of on-line resources. As resources are reviewed, some individuals may be surprised to discover that they have unsuspectingly believed a variety of myths about older adults' health status, residential patterns, family relationships or resiliency. Many people will find that they are able to broaden their understanding of older adult's distinct psychosocial issues by reading the resources available to them on-line.

Resources that are readily available on-line provide easy, convenient access to information on older adults' distinct psychosocial issues both in general and in emergency situations. Moreover, this material can easily be supplemented by print materials available through public libraries, advocacy organizations and government sources (e.g., Gibson, 2007).

> *Recommendations:*
> Individuals who will be helping older adults in emergency situations should:
> - Access readily-available resources to familiarize themselves as necessary with older adults' distinct psychosocial issues.
> - Consider resources on psychosocial issues and older adults in general, as well as resources specific to the emergency management context.

2.2.2. Training
Self-study will meet the needs of many who require a given level of knowledge about these issues. Some individuals who will be helping older adults in emergency situations should be prepared to acquire practical training to support their self-study activities, however. Two important topics that would benefit from training as well as a didactic component to learning are:
- ➢ Interacting with older people who have dementia.
- ➢ Detecting and preventing delirium.

Interacting with older people who have dementia. First responders are likely to encounter older adults with dementia in the course of their efforts to notify, evacuate, rescue and organize groups of citizens in emergency situations. There is an opportunity to create mutually-beneficial training partnerships between health care providers who have expertise in interacting with older adults who have these health conditions and first responders who have expertise in the demands of emergency responding. It is helpful to read about how to approach, cue, redirect, comfort and de-escalate agitation in this population. It is even more helpful to observe others with expertise perform these interactions and have the opportunity to practice the requisite skills in a supportive training situation. Health care providers in long term care homes and assisted living facilities are a resource that could be tapped to develop these training experiences for first responders. It is generally expected that health care providers in these settings will be trained to respond to emergencies (e.g., CPR training, fire drills, evacuation training). A parallel expectation that emergency responders will receive formal training in how to interact with vulnerable older people with dementia would enhance emergency management.

It is important to note that the need for training on how to interact with older adults who have dementia is pressing for first responders, but is equally relevant for volunteers, transportation personnel, and health care providers who do not bring a background in geriatrics to their emergency role, among others. The key point is that an organized, system-wide approach to this training as a component of emergency management increases the likelihood that older adults with dementia will experience consistency in how they are approached by first responders and other helpers, and this consistency in itself will help to manage their distress and agitation.

Detecting and preventing delirium. Although delirium is treatable – and associated with increased risk of morbidity and mortality if untreated - it is often not recognized, especially in older adults where the symptoms may be misinterpreted as part of an ongoing dementia. Older adults who do not have a familiar caregiver to advocate for them and point out the sudden onset of cognitive and behavioural changes may be at particular risk of failing to receive appropriate medical attention.

Health care professionals need to understand delirium and especially how the risk for delirium may be exacerbated in emergency situations where disruptions to routines and exposure to other hardships are predicable. This information is crucial to efforts to prevent the onset of delirium in older adults to the greatest extent possible. In addition to independent reading, health care professionals should be encouraged to seek out workshops and other educational experiences that focus on the prevention and detection of delirium. There is a pressing need for health care professionals to take the lead on acquiring this training and utilizing their skills effectively in

emergency planning and response, but other stakeholders including shelter volunteers and family members would also benefit from appropriately focused training sessions.

> *Recommendation:*
> Individuals who will be helping older adults in emergency situations should:
> - ➢ Be prepared to go beyond the information that is readily available for self study to more formal training on key issues such as interacting with persons with dementia and recognizing and preventing delirium.

2.2.3. Organizational support

While individual responsibility for continuing education and skill enhancement is a critical component in the development of more effective and efficient emergency management services, organizations also have a major role to play. Organizations should have a culture that supports continuous learning concretely through the provision of education and training opportunities for staff and volunteers.

Organizational culture is particularly critical in influencing whether staff and volunteers follow through on intentions to learn more than can be readily acquired through self-study. It is increasingly recognized in health care that the implementation of guidelines and best practices requires significant organizational support, including support for education and training (Conn, Gibson, Feldman, et al., 2006). Organizations need to consider their needs, goals and responsibilities in this area seriously and ensure a feasible support structure is in place.

The focus and nature of the education and training opportunities that are provided will vary across organizations with different mandates, obviously. However, as a guiding principle, organizations that can anticipate playing a role in the care of older adults in emergency situations should assume responsibility for ensuring that the staff and volunteers that represent the organization have the requisite knowledge and skills. Moreover, there should be mechanisms within the organization to encourage staff and volunteers to take part in the education and training opportunities that are provided. Perhaps the greatest opportunities for going forward lie in developing partnerships between organizations within the emergency management field and those within the gerontology/geriatrics fields to address the issues (Public Health Agency of Canada, 2008).

There are many opportunities for creative and productive partnerships to accomplish these goals. For example, organizations should look at the training opportunities offered through the National Association of Geriatric Education Centres in the United States (www.nagec.org) as well as the Center for Disaster and Extreme Event Preparedness (DEEP) at the University of Miami Leonard M. Miller School of Medicine (http://www.deep.med.miami.edu/x32.xml).

> *Recommendations:*
> Organizations that support individuals who will be helping older adults in emergency situations should:
> - ➢ Promote an organizational culture of continuous learning.
> - ➢ Facilitate access to resources and training for staff and volunteers.

> ➢ Partner with gerontology/geriatrics focused organizations and others to access and develop educational materials and training opportunities.

Section 3. Protocol for Action.

In this section, the recommendations noted above are translated into a protocol for action. The protocol provides tools to assist individuals and agencies to implement the recommendations. This is a generic protocol; the need for adaptation to local contexts is recognized, and indeed, encouraged.

The protocol has three components:
> ➢ Determining learning needs.
> ➢ Identifying and using resources.
> ➢ Imagining the possibilities.

3.1 Determining learning needs
Questions that follow from the recommendations developed in the first section of the paper are listed below. These questions are built on the premise that adult learners are equipped to determine their own learning needs and follow up accordingly when resources are available and their organizational culture values and supports continuing education.

A handout version of this table is attached to the end of this document.

Recommendations	Questions
Communities should:	
Mainstream responsiveness to older adults' distinct psychosocial issues within the fabric of emergency management as a natural continuation of responsiveness to these issues in the ongoing life of the community in general.	Who are the stakeholders? Are there organized opportunities for them to connect and plan? Is there a vision as to what success would look like?
Individuals who will be helping older adults in emergency situations should:	
Be aware that older adults have distinct psychosocial issues including increased prevalence of dementia and delirium, diverse living arrangements, risk for social isolation, age-related life crises and adaptation challenges, the accumulation of stressors and risk for exploitation and abuse.	Did you know this? Are all of these concepts familiar to you?
Determine what level of information they need (*general, informed, in-depth*) to enable them to select relevant educational resources about older adults' distinct psychosocial issues.	What is the context of your work with older adults in emergency situations? Is your current knowledge base about older adults and psychosocial issues adequate to this role?
Be aware that there may be specific psychosocial issues about which a higher level of information is needed, given the nature of one's anticipated role in	Given the context of your work with older adults in emergency situations, are there specific issues about which you

helping older adults in emergency situations.	should have more in-depth knowledge?
Access readily-available resources to familiarize themselves as necessary with older adults' distinct psychosocial issues.	Are you familiar with how to access resources on-line? Can you find what you need? Are the resources you can easily access on-line sufficient to meet your learning needs?
Consider resources on psychosocial issues and older adults in general, as well as resources specific to the emergency management context.	Do you need to know more? Do you have someone who can help you develop a learning plan to meet your education needs?
Be prepared to go beyond the information that is readily available for self study to more formal training on key issues such as interacting with older people with dementia and recognizing and preventing delirium.	Should you supplement your reading with direct training? What options are available to you? How might your organization be able to help you to get the training you need?
Organizations that support individuals who will be helping older adults in emergency situations should:	
Promote an organizational culture of continuous learning.	Is the organizational culture supportive of continuous learning? What is the evidence? Are any changes needed?
Facilitate access to resources and training for staff and volunteers.	What resources (materials, technology, protected time, reimbursement, acknowledgement, recognition in kind) are available? How are these accessed? Any changes needed?
Partner with gerontology/geriatrics focused organizations and others to access educational materials and training opportunities.	What do you need? What can you offer? Who might be your partners? What are the logistics? Who are your champions? Do you have the organizational support needed to build relationships with potential partners?

3.2 Identifying and using resources

3.2.1 Identifying resources.

Appendices 1 and 2 include examples of potentially useful resources for self-study. This targeted sample of documents draws on a small number of well-recognized national and international organizations that maintain open-access websites and post resources that are appropriate for a range of training and information needs. It is important to note that there are many other excellent websites maintained by governmental, professional, academic and advocacy organizations that are omitted from this necessarily selective overview, and the reader is encouraged to conduct their own explorations to discover this wealth of resources.

Appendix 1 presents resources on psychosocial issues and older adults in general, while Appendix 2 presents resources specific to the emergency management context. There is both overlapping and discrete information contained in the identified documents. While specific documents are identified, it is noted that new materials are frequently added to these websites and older materials may be de-listed.

Inspection of the documents listed in Appendices 1 and 2 reveals that there are readily available resources on a wide range of topics, from synopses of normal age-related changes written in layperson's language to detailed evidence-based practice guidelines oriented to the professional care provider. There are web pages, fact sheets, brochures, papers, manuals and monographs.

The resources included in Appendices 1 and 2 are variously directed to older adults themselves, families, professional caregivers, specialists in aging issues and policy makers. For each document, a suggestion is included as to the target knowledge level *(general, informed, in-depth)*. Note that these suggestions have been generated strictly for the purposes of this paper. Readers who do not find this categorization useful are encouraged to organize the identified documents differently to suit their own learning needs.

3.2.2 Using resources.

For example, a first responder might determine, given his or her expected role in emergency management, that he or she would be most likely to encounter older adults in the community. Many of these individuals will be healthy and active. Some will have a variety of physical, sensory and/or cognitive disabilities. The nature of the emergency management interactions that can be expected for this first responder include providing information to the older person with respect to specific safety precautions and expected actions. The information that the first responder might need to provide might vary from a boil water advisory to a severe weather alert to an evacuation order. There may be a need to provide physical assistance to help the older person evacuate.

The general knowledge and skills that first responders have going into this situation would apply equally to the older adults they assist as to their younger counterparts. The knowledge and skills they have acquired with respect to functional disabilities and special needs such as mobility limitations would likewise apply (see, for example, Emergency Preparedness Guide for People with Disabilities/Special Needs, Emergency Management Ontario, 2007). In addition, however, the first responder might decide that he or she would benefit from a better general understanding

about psychosocial aspects of aging and typical age-related changes and challenges in general. Furthermore, he or she might see the need for a more informed knowledge base about the factors that can influence an older person's behaviour in an emergency situation. This self-assessment could lead the individual to decide to learn more about how to communicate effectively with older adults. He or she might also decide that it would be useful to know more about how to interact with an older person with impaired cognition under circumstances of elevated stress and uncertainty. He or she might want to specifically look into resources that provide advice on the evacuation of older adults, including the psychosocial issues that may become relevant.

Utilizing the resources identified in Appendices 1 and 2 among others, this individual would acquire information such as the following. Note that this information is excerpted for purposes of illustration from the wealth of material provided in these resources. Ideally, he or she would be able to supplement this self-study with formal training supported by his or her organization.

Normal Aging
- ➢ 'Older people' constitute a very diverse group.
- ➢ Men and women age differently.
- ➢ Most older people remain physically fit well into later life.
- ➢ Older people make innumerable contributions to their families, societies and communities.
- ➢ Older people contribute in innumerable ways to the economic development of their societies.

Source: Ageing: Exploding the Myths (brochure)
http://www.who.int/ageing/publications/active/en/index.html

Typical Age-Related Changes
- ➢ For most older adults, if there is a decline in some intellectual abilities, it is not severe enough to cause problems in daily living.
- ➢ Personality remains relatively consistent throughout the lifespan.
- ➢ Most older people successfully adjust to the challenges of aging.

Source: Older Adults' Health and Age-Related Changes: Reality Versus Myth (brochure)
http://www.apa.org/publications/brochures.html

Typical Age-Related Challenges
- ➢ Dealing with physical changes.
- ➢ Dealing with bereavement.
- ➢ Dealing with loneliness.
- ➢ Dealing with retirement.

Source: Aging and Mental Health (web pages)
http://www.cmha.ca/bins/content_page.asp?cid=2-74&lang=1

Factors That Can Influence an Older Person's Behaviour in an Emergency
- ➢ Sensory deprivation.
- ➢ Delayed response.
- ➢ Chronic illness and dietary considerations.
- ➢ Multiple loss effect.
- ➢ "Welfare" stigma and unfamiliarity with bureaucracy.
- ➢ Hyper/hypothermia vulnerability.
- ➢ Transfer trauma.
- ➢ Language and Cultural Barriers.

Source: Psychosocial Issues for Older Adults in Disasters (paper)
http://mentalhealth.samhsa.gov/highlights/may2006/OlderAmericansMonth/pubs.asp

Communication
- ➢ Beware of patronizing, condescending or childish expressions when talking to or about seniors.
- ➢ Remember that the way you use language reflects your attitudes and your respect for your audience.
- ➢ Ask the person how they prefer you to address them (Mrs., first name….).
- ➢ Summarize information provided by the person to check your comprehension or the facts.
- ➢ Offer checklists or other plain language material to back up oral instructions.
- ➢ If the person doesn't understand, rephrase the sentence; don't just repeat the same words or say them louder.
- ➢ Use familiar words and a conversational, personal tone.
- ➢ Use concrete examples to illustrate ideas or concepts.
- ➢ Present ideas with illustrations or diagrams if this makes them easier to understand.
- ➢ Make sure any print materials are presented in large print and clear language.

Source: Communicating with Seniors: Advice, Techniques and Tips (manual)
http://www.phac-aspc.gc.ca/seniors-aines/pubs/communicating/comsen_e.htm

Interacting with an Older Person with Dementia
- ➢ Be alert to potential reactions that may result from changes in routine, traveling or new environments.
- ➢ Do not leave the person alone. It only takes a few minutes to wander away and get lost.
- ➢ Do your best to remain calm. The person with dementia will respond to the emotional tone you set.
- ➢ Move the person to a safer or quieter place if possible. Limit stimulation**.**
- ➢ Avoid elaborate or detailed explanations. Provide information using concrete terms. Follow brief explanations with reassurance.
- ➢ Respond to the emotions being expressed rather than the content of the words.
- ➢ Don't argue with the person or try to correct. Instead, affirm his or her experience, reassure and try to divert attention.

Evacuation and Older Adults
- ➢ Plan at the community level to provide accessible transportation for persons with mobility limitations or low vision or for others unable to transport themselves.
- ➢ Provide a notification hotline or other mechanism to alert hospitals, nursing homes, and other residential facilities to begin early evacuations, and contact previously identified older adults and persons with disabilities in the community who will take longer to evacuate.
- ➢ Identify older persons and persons with disabilities who will need emergency transportation.
- ➢ Include plans for transporting emergency supplies and appropriate labelling of medications when evacuating nursing home residents. [Author's note: and other community-dwelling older adults.]

- ➢ For many high risk seniors, the decision to accept relocation to a comfort centre or shelter rather than remaining in one's own home may raise concerns about loss of privacy, property damage, vandalism, theft or looting. Seniors requiring special care may be most comfortable in a shelter geared to meet their needs rather than being housed with the general population. Seniors with household pets may be unwilling to leave their homes without the assurance that their pets will also receive care.

As an outcome of self-study, this learner might decide to develop a short list of important reminders that he or she can store with other information that will be accessed in the event of an emergency. For example, the Notes to Self for the first responder in this example might include the following.

A handout version of this cuing sheet is attached to the end of this document.

Older Adults' Distinct Psychosocial Issues in Emergency Situations
Notes to Self:
Remember …
- ➢ Normal age-related changes in functional abilities can create challenges for older adults in emergency situations. Chronic illnesses can exacerbate these challenges. ASK WHAT

HELP IS NEEDED AND PROVIDE NECESSARY ASSISTANCE.

➢ Some older adults may have difficulty understanding or following oral instructions especially if the information is unfamiliar and the situation is stressful. SPEAK CLEARLY USING PLAIN LANGUAGE AND CHECK TO ENSURE THE MESSAGE WAS UNDERSTOOD.

➢ Some older adults will be unable to understand instructions or to function independently due to dementia. FOCUS ON PROVIDING REASURANCE AND ENSURING SAFETY.

➢ Some older adults will need assistance to safely evacuate their homes if this is required. ENSURE INDEPENDENT EVACUATION IS FEASIBLE OR ARRANGE FOR ASSISTANCE. REMIND OLDER ADULTS TO BRING ASSISTIVE DEVICES, MEDICATIONS AND OTHER ITEMS THEY NEED TO MAINTAIN CURRENT LEVEL OF FUNCTION AND INDEPENDENCE.

➢ Some older adults will resist evacuation. LISTEN TO THEIR REASONS FOR RESISTANCE AND TRY TO ALLIEVIATE THEIR CONCERNS. BE HONEST.

3.3 Imagining the possibilities

Visioning exercises can play an important role in motivating and directing change (Dobson, 2006). It is important to have a sense of what success would look like. In the spirit of visioning the future, this component of the protocol describes a hypothetical community in which older adults' distinct psychosocial needs – in particular, increased prevalence of dementia and delirium, diverse living arrangements, risk for social isolation, age-related life crises and adaptation challenges, the accumulation of stressors and risk for exploitation and abuse - are integrated within the fabric of the community in general, and by extension, within emergency planning. This exercise builds on the Key Messages for mainstreaming older adults' distinct psychosocial issues. A visioning exercise that has the benefit of multiple insights from diverse stakeholders would of course be much richer and more complex that the prototype presented herein for the purposes of illustration.

3.3.1 Diverse Living Arrangements

In this hypothetical community, older men and women reside in multi-generational residential neighbourhoods (from suburbs dominated by single family homes to apartment complexes), in naturally occurring retirement communities (especially condominium and apartment developments) and in long term care homes and assistive living facilities. The surrounding rural area is home to many older adults who live on farms and in small villages. Most of these older adults are well connected to their communities and families, although family members may not reside in the same neighbourhood. Local social support structures include intergenerational neighbourly support in the suburban and rural areas, formal buddy systems as well as activity-based social networks in the retirement communities, and organized leisure activities and relatively predictable family visiting routines in the long term care homes and assisted living facilities.

Emergency managers in this hypothesized community know their community. In particular, they know the demographic makeup of the various neighbourhoods within the community, and have worked effectively with those communities to promote personal emergency preparedness, building on local capacities, resources and strengths. In residential neighbourhoods, partnerships between seniors' centres, faith-based organizations and schools have been the vehicle to encourage wide-spread adoption of the concepts and practices underlying personal emergency preparedness. Similar principles, adjusted to account for reduced proximity, have been applied in the surrounding rural areas. Integrated planning between urban and affiliated rural areas is the norm, and emergency planning has addressed transportation issues specifically. Emergency managers have capitalized on the fact that, in these neighbourhoods, people watch out for each other, which includes knowing how to reach family members for each other if needed.

In working with high density retirement communities, emergency managers have similarly taken advantage of local dynamics to build emergency resiliency and self-sufficiency. Organizational structures such as condo management committees have been the conduit to promote personal emergency preparedness. These have including formal volunteer arrangements such as buddy systems to check on frailer members of the community (Klosek, Crilly and Mannell, 2006). Grassroots advocacy in favour of emergency preparedness has been facilitated by the logistics of these communities (proximity and communication infrastructure).

Strong linkages between long term care homes and assisted living facilities and the broader community are maintained. For example, ongoing emergency response planning includes systematic assessment as to how family members will be included. Some family members have committed to being available to the facility as volunteers in an emergency. Others will need to be kept up to-date on developments in the care of their loved one, but are committed to responsibilities elsewhere. Emergency plans include options for accommodating frail older adults from the community in long term care homes under certain circumstances, as well as plans for appropriately accommodating residents of these facilities in evacuation shelters should this become necessary.

Many of the older adults in this community have companion animals and would find it very difficult to act on an evacuation order if it meant leaving these animals unprotected. Personal emergency response plans typically include plans for the emergency housing of these cherished companions. A variety of options for accommodating animals under different emergency situations are available. Animal owners, veterinarians, kennel businesses and others contributed to the development of these contingency plans, and information on the care of animals in an emergency is distributed annually along with information from the municipality on pet licences and vaccinations. Information is also posted in veterinarians' offices and other locations such as malls and recreation centres.

3.3.2. Increased Prevalence of Dementia and Delirium
Long-term care homes and assisted living facilities in this community are assisted by the municipality to develop and practice their emergency plans. In return, a program is in place whereby health care providers and residents in these facilities participate in training first responders and others from the emergency management field in how to interact with persons

who have dementia and associated behavioural challenges. The training provides practical hands-on experience utilizing skills such as approaching, cueing, redirecting, providing comfort and de-escalating agitation in persons with dementia.

All health care organizations work closely with emergency management organizations in this community to ensure both continuity of care and surge capacity in the event of an emergency. In recognition of the fact that ongoing management of chronic illnesses is a priority for the health of older adults, health care organizations have explicitly focused on how to manage this issue in the face of disrupted services and an influx of acute injuries that demand immediate attention. Home care services and outpatient clinics have added emergency preparation to the list of self-care topics that they routinely discuss with patients and families. Recognition and prevention of delirium has been targeted as a patient safety priority for the region and an education and information campaign is ongoing. The risk for and management of delirium in emergency situations is one of the foci of this interdisciplinary training. As an offshoot of this initiative, training modules suitable for non-health care audiences have been developed and are offered to first responders and other emergency management personnel.

3.3.3. Risk of Social Isolation
Several government-sponsored, faith-based and volunteer organizations aspire to limiting the numbers of isolated older adults in this community through social outreach programs. A coordinated effort among these organizations ensures many isolated older adults know where to go and what to do in an emergency, despite their lack of engagement in the ongoing life of the community. In recognition that some isolated older adults may nonetheless fall through the cracks or resist intervention, contingency plans are in place for emergency outreach to these individuals. The training on interacting with older people who have dementia that first responders have received in partnership with the long term care facilities will stand them in good stead in their interactions with this group of older adults as well.

Planning for the rehabilitation and restoration activities that would be undertaken by the community in the aftermath of an emergency has explicitly included consultation with older adults, organizations that represent the interests of older adults and experts in gerontology to ensure that older adults' distinct issues are meaningfully included in the activities that are undertaken to support community recovery.

3.3.4. Age-Related Life Crises and Adaptation Challenges
Since this community is already committed to accessibility for all, buildings that might be commandeered as shelters and response centres in an emergency are accessible to those with mobility limitations and way-finding is supported with effective signage. The principles that are routinely applied to promote accessibility in building codes are integrated within emergency management guidelines. In keeping with recommendations from the literature on communication in emergencies, communication strategies are multidimensional and target different populations as needed. Older adults have served as sounding boards, rapid response focus groups, idea generators and monitors for the effectiveness of communication strategies. As a component of this work, gerontology experts have brought the evidence base on communication with older adults to the table.

Members of this community are aware of emergency plans for using public places such as arenas and schools as evacuation shelters and service centers if needed. They have been involved in the planning, as well as in the testing of the plan. Many excellent ideas for how to organize public spaces so that multiple needs can be simultaneously accommodated in an emergency came from older members of the community when they were offered the opportunity to have input into the plans. Thought has gone into how the variable needs for sleep, resting, health care, eating, socializing and physical activity of children, families, and adults of all ages can be synchronized within the constraints of limited space and amenities. Maintenance of family structures and supportive care-giving relationships is a prime directive in shelter management and other emergency services.
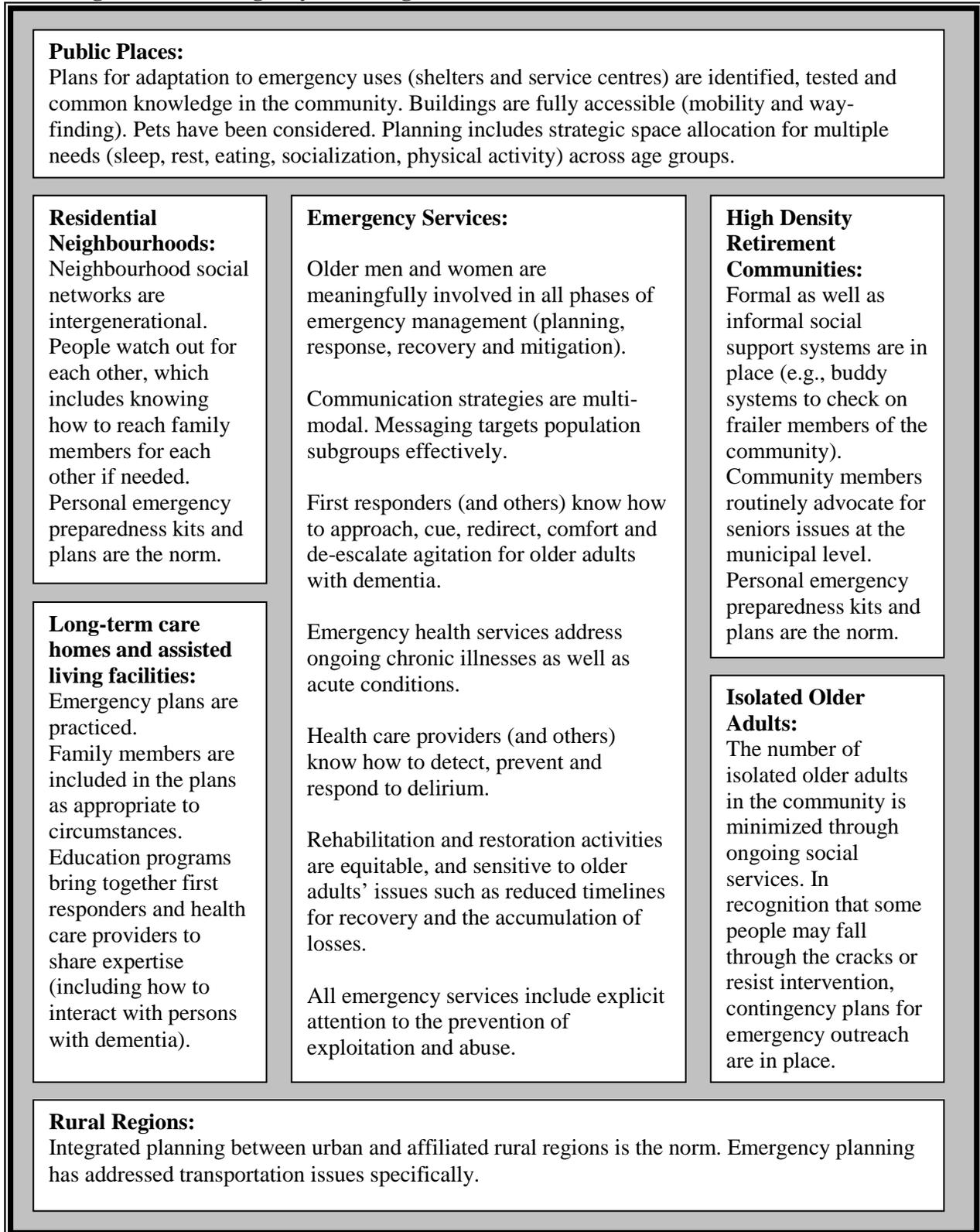
3.3.5 Accumulation of Stressors

As a result of a welcoming culture in emergency management organizations coupled with active recruitment, older adults in this community have participated meaningfully in the development of emergency plans and know how they can contribute to community resiliency in emergency response. There is a respect for the heterogeneity among older men and women and a recognition that individual circumstances and priorities must be taken into consideration. The community has capitalized on the wisdom and life experience its older members. At the same time, it is acknowledged that emergencies can create distinct challenges for older adults as a result of the accumulation of stressors, including disrupted chronic disease management, acute illness, nutritional deficiencies, inadequate sleep, family worries, traumatisation, reduced timelines for recovery due to stage of life, the psychological impact of multiple losses, and end of life care issues. Awareness of these issues has informed the development of strategies for their prevention and mitigation during emergency response as well as in the recovery phase. Mental health providers who will provide services to older adults who need formal care post-emergency have the appropriate training.

3.3.6. Risk for Exploitation and Abuse

Explicit attention to the prevention of abuse and exploitation is a driving principle in all phases of the municipality's emergency management agenda. Gerontology experts have again brought the evidence base to the table in collaboration with partners in law enforcement, and older adults have contributed to the development and validation of strategies to prevent, identify, manage and mitigate abuse and exploitation of older adults in a variety of emergency management contexts, including sheltering in place, evacuation shelters, and during rehabilitation and restoration activities. Grassroots advocacy has been mobilized within the older adult community to address this issue. There is an emphasis on reducing the stigma that many older adults feel when they have been a victim of abuse or exploitation to encourage reporting and follow up action. Emergency plans, policies and practices have been examined to ensure they do not include systemic discrimination against older adults based on ageism.

The highlights of this visioning exercise are illustrated in Figure 1.

Figure 1. A Hypothetical Community Where Older Adults' Distinct Psychosocial Issues Are Integrated in Emergency Planning

Public Places:
Plans for adaptation to emergency uses (shelters and service centres) are identified, tested and common knowledge in the community. Buildings are fully accessible (mobility and way-finding). Pets have been considered. Planning includes strategic space allocation for multiple needs (sleep, rest, eating, socialization, physical activity) across age groups.

Residential Neighbourhoods:
Neighbourhood social networks are intergenerational. People watch out for each other, which includes knowing how to reach family members for each other if needed. Personal emergency preparedness kits and plans are the norm.

Long-term care homes and assisted living facilities:
Emergency plans are practiced.
Family members are included in the plans as appropriate to circumstances.
Education programs bring together first responders and health care providers to share expertise (including how to interact with persons with dementia).

Emergency Services:

Older men and women are meaningfully involved in all phases of emergency management (planning, response, recovery and mitigation).

Communication strategies are multi-modal. Messaging targets population subgroups effectively.

First responders (and others) know how to approach, cue, redirect, comfort and de-escalate agitation for older adults with dementia.

Emergency health services address ongoing chronic illnesses as well as acute conditions.

Health care providers (and others) know how to detect, prevent and respond to delirium.

Rehabilitation and restoration activities are equitable, and sensitive to older adults' issues such as reduced timelines for recovery and the accumulation of losses.

All emergency services include explicit attention to the prevention of exploitation and abuse.

High Density Retirement Communities:
Formal as well as informal social support systems are in place (e.g., buddy systems to check on frailer members of the community). Community members routinely advocate for seniors issues at the municipal level. Personal emergency preparedness kits and plans are the norm.

Isolated Older Adults:
The number of isolated older adults in the community is minimized through ongoing social services. In recognition that some people may fall through the cracks or resist intervention, contingency plans for emergency outreach are in place.

Rural Regions:
Integrated planning between urban and affiliated rural regions is the norm. Emergency planning has addressed transportation issues specifically.

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Appendix 1. Resources on Psychosocial Issues and Older Adults

Organization	Resources	Comments
Canadian		
Alzheimer Society of Canada www.alzheimer.ca	Alzheimer Care (web pages) http://www.alzheimer.ca/english/care/intro.htm	Provides advice for relating to and providing care for a person with dementia. *General, Informed*
	Safely Home Registry (web pages) http://www.alzheimer.ca/english/safelyhome/intro.htm	Provides important information on this national registration program as well as on wandering behaviour. *Informed*
Canadian Association on Gerontology www.cagacg.ca	Issues in the Delivery of Mental Health Services to Older Adults (paper) http://www.cagacg.ca/publications/561_e.php	Issues paper on care for older people with mental health problems *In-depth*
Canadian Coalition for Seniors Mental Health www.ccsmh.ca	National Guidelines for Seniors Mental Health (monographs) http://www.ccsmh.ca/en/guidelinesUsers.cfm	Four Guidelines: Provide assessment and treatment recommendations in the areas of Depression, Delirium, Suicide and Mental Health issues in Long Term Care. *In-depth*
Canadian Mental Health Association www.cmha.ca	Aging and Mental Health (web pages) http://www.cmha.ca/bins/content_page.asp?cid=2-74&lang=1	Information on coping with normal age-related changes and events. *General, Informed*
	Supporting Seniors Mental Health Through Home Care: A Policy Guide (paper) http://www.cmha.ca/bins/content_page.asp?cid=2-74&lang=1	Policy recommendations for meeting older adults mental health needs in home care context. *In-depth*
	Supporting Seniors Mental Health: A Guide for Home Care Staff (paper) http://www.cmha.ca/bins/content_page.asp?cid=2-74&lang=1	Provides practical tools and information to assist home care staff to support mental health for home care clients. *In-depth*
Canadian Psychological Association www.cpa.ca	Your Health: 'Psychology Works' (fact sheets) http://www.cpa.ca/public/yourhealthpsychologyworksfactsheets/	Information specific to seniors issues include caregivers, pain, dementia, depression, elder abuse, environment. *General, Informed*
Health Canada www.hc-sc.gc.ca	It's Your Health: Seniors (web pages) http://www.hc-sc.gc.ca/iyh-vsv/seniors-aines_e.html	Articles specific to seniors and aging *General*
Public Health Agency of Canada (PHAC)	Seniors Health (web pages) http://www.phac-aspc.gc.ca/sh-sa-	Information on topics such as caring for seniors, healthy aging, mental

www.publichealth.gc.ca	eng.php	health, medication use (including sleeping pills). *General*
	Communicating with Seniors: Advice, Techniques and Tips (manual) http://www.phac-aspc.gc.ca/seniors-aines/pubs/communicating/comsen_e.htm	Describes communication issues across contexts (direct and indirect) *Informed*
Canadian Health Network www.canadian-health-network.ca	Seniors (web pages) http://www.canadian-health-network.ca/servlet/ContentServer?cid=1048161679943&pagename=CHN-RCS%2FPage%2FGTPageTemplate&c=Page&lang=En	Information to help individuals and the seniors they care for stay healthy. Includes information and links to other resources on seniors and their caregivers and dealing with loneliness. *General*
Other National and International		
Alzheimer's Association www.alz.org	Caring for Alzheimer's (web pages) http://www.alz.org/living_with_alzheimers_caring_for_alzheimers.asp	Information on topics such as possible causes and responses to behaviours such as agitation, hallucinations and wandering. *General, Informed*
American Psychological Association www.apa.org	Older Adults' Health and Age-Related Changes: Reality Versus Myth (brochure) http://www.apa.org/publications/brochures.html	Information on aging, including psychological issues. *General*
	What Practitioners Should Know About Working With Older Adults (brochure) http://www.apa.org/publications/brochures.html	Information for health care providers to guide work with older adults *Informed*
National Library of Medicine www.nlm.nih.gov	Elder Abuse (web pages) http://www.nlm.nih.gov/medlineplus/elderabuse.html	Information and links to other resources on elder abuse *Informed, In-depth*
World Health Organization www.who.org	Ageing: Exploding the Myths (brochure) http://www.who.int/ageing/publications/active/en/index.html	Information on principles of active aging to maintain health and creativity. *General*

Appendix 2. Resources on Psychosocial Issues and Older Adults in Emergency Situations

Organization	Document	Comments
Canadian		
Canadian Health Network www.canadian-health-network.ca	Seniors During Emergencies and Disasters: Vulnerable, Yet Resilient (web article) http://www.canadian-health-network.ca/servlet/ContentServer?cid=1148760159490&pagename=CHN-RCS%2FCHNResource%2FCHNResourcePageTemplate&c=CHNResource&lang=En	Describes what can happen to seniors in emergencies, as well as their strengths. *General*
CARP Canada's Association for the 50's Plus www.carp.ca	What would you do in the event of an environmental emergency? (web article) http://www.carp.ca/display.cfm?documentID=2836&CabinetID=263&LibraryID=70&cityID=0	Information on how to meet the needs of high risk vulnerable seniors in an environmental event including psychosocial issues. *Informed*
Public Health Agency of Canada, www.publichealth.gc.ca	Personal Services Psychosocial Planning for Disasters (monograph) http://www.phac-aspc.gc.ca/emergency-urgence/index-eng.php	Chapter VI: Elderly and Disasters. Information to help communities develop appropriate emergency plans for elderly citizens *In-depth*
Other National and International		
AARP www.aarp.org	We Can Do Better: Lessons Learned for Protecting Older Persons in Disasters (monograph) http://www.aarp.org/research/assistance/lowincome/better.html	Post-hurricane Conference Report, including attention to psychosocial issues *Informed, In-depth*
Alzheimer Association www.alz.org	Disaster Preparedness (fact sheet) http://www.alz.org/living_with_alzheimers_disaster_preparedness.asp	Disaster preparation and response specific to people with dementia. *General*
American Psychological Association www.apa.org	Fostering Resilience in Response to Terrorism: For Psychologists Working With Older Adults (fact sheet) http://www.apa.org/psychologists/resilience.html#factsheets	Resource for Psychologists working to promote resilience in this target population *Informed*
Humanitarian Practice Network www.odihpn.org	Protecting and Assisting Older People in Emergencies (paper) http://www.odihpn.org/search_results.asp	Includes sections on mental health and older people's contributions to protection and assistance. *In-depth*
American Red Cross www.redcross.org	Disaster preparedness for Seniors by Seniors (web pages)	Preparedness information and checklists

	http://www.redcross.org/services/disaster/beprepared/seniors.html	*General*
HelpAge International www.helpage.org	Older People in Disasters and Humanitarian Crises Guidelines for Best Practice (monograph) http://www.helpage.org/Emergencies/Resources?autocreate_RelatedHelpagePublicationList_start=11	Guidelines include psychosocial issues *In-depth*
IASC Inter-Agency Standing Committee www.humanitarianinfo.org	Guidelines on Mental Health and Psychosocial Support in Emergency Settings (monograph) http://www.humanitarianinfo.org/iasc/content/documents/default.asp?bodyID=5&publish=0	Guidelines for an integrated approach to urgent health and psychosocial needs in emergency situations. Includes specific focus on people living in institutions. *In-depth*
International Federation of Red Cross and Red Crescent Societies www.ifrc.org	2007 World Disasters Report (monograph) http://www.ifrc.org/publicat/wdr2007/index.asp	Chapter 3: Older People and Discrimination in Crises *In-depth*
National Mental Health Services Knowledge Exchange Network www.mentalhealth.org	Psychosocial Issues for Older Adults in Disasters (paper) http://mentalhealth.samhsa.gov/highlights/may2006/OlderAmericansMonth/pubs.asp	Overview of aging as well as psychological and emotional issues that may arise within older populations in disaster situations *Informed, In-depth*
World Health Organization www.who.org	Ageing and Life Course Program: Older People in Emergencies (fact sheet) http://www.who.int/ageing/emergencies/en/print.html	Synopsis of age-related and environmental factors that may increase vulnerability for older adults in emergencies. *General*

Handout:
Key Messages for Addressing Older Adults' Distinct Psychosocial Issues in Emergency Situations

Diverse Living Arrangements
➢ Identify who the vulnerable elderly are, and where they live.
➢ Integrate emergency preparedness and response considerations into these environments.
➢ Support care-giving and supportive relationships within families and other social networks in emergency situations.
➢ Engage older adults in personal emergency preparedness in their homes and communities, including evacuation planning.
➢ Include the companion animals that live with older adults in emergency preparedness including evacuation planning.

Increased Prevalence of Dementia and Delirium
➢ Develop educational modules for health professionals on common diseases occurring among older people.
➢ Build capacity to respond to increasing numbers of people with dementia.
➢ Provide ongoing management of chronic illnesses in emergency situations.

Risk of Social Isolation
➢ Develop strategies to reduce isolation among older adults.
➢ Provide outreach to isolated older adults in emergency situations.
➢ Engage older adults in emergency planning and community rebuilding activities.

Age-Related Crises and Adaptation Challenges
➢ Adopt age-friendly practices for the delivery of emergency services including evacuation and rehabilitation activities.
➢ Use age-friendly communication strategies.
➢ Recognize that emergencies create opportunities for leadership and participation as well as risk for neglect and marginalization for older adults.

The Accumulation of Stressors
➢ Recognize and respect the individual circumstances and priorities of older individuals.
➢ Understand that older adults may have increased resilience due to life experience but also are at risk of being overwhelmed by the accumulation of stressors.
➢ Promote healthy and active ageing as a strategy for building resiliency.

Risk for Exploitation and Abuse.
➢ Protect vulnerable older adults from exploitation and abuse.
➢ Engage older adults in self-help and mutual aid activities.
➢ Protect older adults from systemic discriminatory practices in emergency response and recovery activities.

Handout: Determining Learning Needs

Recommendations	Questions	Actions Required
Communities should:		
Mainstream responsiveness to older adults' distinct psychosocial issues within the fabric of emergency management as a natural continuation of responsiveness to these issues in the ongoing life of the community in general.	Who are the stakeholders? Are there organized opportunities for them to connect and plan? Is there a vision as to what success would look like?	
Individuals who will be helping older adults in emergency situations should:		
Be aware that older adults have distinct psychosocial issues including increased prevalence of dementia and delirium, diverse living arrangements, risk for social isolation, age-related life crises and adaptation challenges, the accumulation of stressors and risk for exploitation and abuse.	Did you know this? Are all of these concepts familiar to you?	
Determine what level of information they need (*general, informed, in-depth*) to enable them to select relevant educational resources about older adults' distinct psychosocial issues.	What is the context of your work with older adults in emergency situations? Is your current knowledge base about older adults and psychosocial issues adequate to this role?	
Be aware that there may be specific psychosocial issues about which a higher level of information is needed, given the nature of one's anticipated role in helping older adults in emergency situations.	Given the context of your work with older adults in emergency situations, are there specific issues about which you should have more in-depth knowledge?	
Access readily-available resources to familiarize themselves as necessary with older adults' distinct psychosocial issues.	Are you familiar with how to access resources on-line? Can you find what you need? Are the resources you can easily access on-line sufficient to meet your learning needs?	

Recommendations	Questions	Actions Required
Consider resources on psychosocial issues and older adults in general, as well as resources specific to the emergency management context.	Do you need to know more? Do you have someone who can help you develop a learning plan to meet your education needs?	
Be prepared to go beyond the information that is readily available for self study to more formal training on key issues such as interacting with older people with dementia and recognizing and preventing delirium.	Should you supplement your reading with direct training? What options are available to you? How might your organization be able to help you to get the training you need?	
Organizations that support individuals who will be helping older adults in emergency situations should:		
Promote an organizational culture of continuous learning.	Is the organizational culture supportive of continuous learning? What is the evidence? Are any changes needed?	
Facilitate access to resources and training for staff and volunteers.	What resources (materials, technology, protected time, reimbursement, acknowledgement, recognition in kind) are available? How are these accessed? Any changes needed?	
Partner with gerontology/geriatrics focused organizations and others to access educational materials and training opportunities.	What do you need? What can you offer? Who might be your partners? What are the logistics? Who are your champions? Do you have the organizational support needed to build relationships with potential partners?	

Source: Gibson M. (2008). *Guideline: Addressing Older Adults' Distinct Psychosocial Issues in Emergency Situations*. Ottawa: Centre for Emergency Preparedness and Response, Public Health Agency of Canada.

Handout: Personalized Reminder Sheet

Older Adults' Distinct Psychosocial Issues in Emergency Situations
Notes to Self:

Remember …

➢ Normal age-related changes in functional abilities can create challenges for older adults in emergency situations. Chronic illnesses can exacerbate these challenges. ASK WHAT HELP IS NEEDED AND PROVIDE NECESSARY ASSISTANCE.

➢ Some older adults may have difficulty understanding or following oral instructions especially if the information is unfamiliar and the situation is stressful. SPEAK CLEARLY USING PLAIN LANGUAGE AND CHECK TO ENSURE THE MESSAGE WAS UNDERSTOOD.

➢ Some older adults will be unable to understand instructions or to function independently due to dementia. FOCUS ON PROVIDING REASURANCE AND ENSURING SAFETY.

➢ Some older adults will need assistance to safely evacuate their homes if this is required. ENSURE INDEPENDENT EVACUATION IS FEASIBLE OR ARRANGE FOR ASSISTANCE. REMIND OLDER ADULTS TO BRING ASSISTIVE DEVICES, MEDICATIONS AND OTHER ITEMS THEY NEED TO MAINTAIN CURRENT LEVEL OF FUNCTION AND INDEPENDENCE.

➢ Some older adults will resist evacuation. LISTEN TO THEIR REASONS FOR RESISTANCE AND TRY TO ALLIEVIATE THEIR CONCERNS. BE HONEST.

Source: Gibson M. (2008). *Guideline: Addressing Older Adults' Distinct Psychosocial Issues in Emergency Situations*. Ottawa: Centre for Emergency Preparedness and Response, Public Health Agency of Canada.