FC38: Resourceful Community Health Workers providing care to older adults with depression: knowledge and strategies as key elements in a mental health community-based intervention.

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Objectives: To describe and analyze the knowledge and resources of Community Health Workers (CHWs) in delivering an evidence-based mental health community intervention for older adults with depression (VIDACTIVA'') in an urban low-income setting in Lima, Peru. CHWs delivered a multi-component intervention that includes problem-solving, behavioral activation, and psychoeducation over eight sessions. We analyze data integrating CHWs perspectives to assess the feasibility and acceptability of the intervention.

Methods: We conducted a qualitative study with 16 CHWs aged 45 to 73 who delivered VIDACTIVA'' program to 32 older adults. Over an 18-month period, we collected data through in-depth interviews with CHWs, field notes from weekly meetings with them to assess the progress of older adults, and an exploratory-artistic workshop that produced collages with poetic narratives and short testimonial videos. These data collection Methods aimed to elicit both individual and collective assessments of CHWs' experiences delivering the program.
Beyond traditional data collection, we provided a reflective space for CHWs to consider the meaning of their work and identify lessons learned throughout the intervention.

Results: We identified three key learnings and resources employed by CHWs: 1) Trust and rapport: Good listening and establishing trustworthy interpersonal bonds were crucial in building rapport and respect when working with vulnerable older adults in insecure peri-urban areas of Lima. 2) Adapting session settings: CHWs adapted the conditions of the sessions to ensure viability, such as moving sessions from the older adults' home to a public area where older adults felt safer discussing family issues. Additionally, CHWs sometimes refrained from wearing uniforms and ID cards that identified them as mental health agents to avoid the stigma associated with mental health illnesses. 3) Addressing urgent needs: CHWs took concrete actions to meet the urgent needs of the most vulnerable older adults, such as arranging medical appointments or accompanying them to the hospital.

Conclusions: CHWs primarily focused on strategies that build strong and intimate interpersonal bonds, which made the sessions viable, accepted, and appreciated by older adult participants. We highlight the importance of leveraging CHWs' experience and knowledge as a critical factor for enhancing acceptability and feasibility in conducting community-based interventions.

FC39: Quality Improvement to Manage Long Wait Lists in an Ambulatory Geriatric Mental Health Program

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Background: The COVID-19 pandemic resulted in reduced patient access and deferral of medical services. Long wait times for patients to access specialized medical care became a challenge to health care systems. Baycrest is an academic health sciences centre in Toronto, Canada, that specializes in post-acute and ambulatory care for older adults. As a result of deferred care, wait times for the mental health services increased significantly. This compelled the ambulatory mental health program to apply quality improvement Methods to identify and prioritize care for the most unwell people on the waitlist, while avoiding duplication of referrals between hospitals. This study aimed to assess the utility and feasibility of this new process.