Co-designing an anti-stigma intervention to increase mental health service use for older adults
Objective: The overarching goal of this proposal is to develop an intervention to reduce stigma associated with seeking mental health services among older adults. To my knowledge, only two anti-stigma interventions have been developed for older adults, and both were published prior to recent advances in intervention co-design methods. My objectives are to: (1) develop a brief co-designed intervention to reduce internalized stigma of seeking help among older adults, and (2) evaluate the process of co-designing the intervention.
Background: Currently, about 14% of older adults are living with mental disorders (World Health Organization, 2023). Unfortunately, research from my advisor's lab (Mackenzie et al., 2010; Mackenzie & Pankratz, 2022) and other labs (Adams et al., 2023; Byers et al., 2012; Reynolds et al., 2020) shows that older adults are the least likely age group to seek mental health services when they need them. Of the various individual, social, and structural barriers that exist to seeking mental health services for older adults (Lavingia et al., 2020), internalized stigma has been identified as one of the strongest predictors of negative help-seeking attitudes and intentions among older adults (Elshaikh et al. 2023; Mackenzie & Pankratz, 2022). Our Aging and Mental Health lab has discovered three moderators that reduce the likelihood of internalized stigma leading to negative help-seeking attitudes and intentions among distressed older adults: experiential avoidance (EA; Murphy & Mackenzie, 2023), perceived control (PC; Murphy et al., 2024) and mental health literacy (MHL; Mackenzie et al., 2024). This preliminary research suggests that these three modifiable psychological variables could be targeted within an intervention to improve help-seeking attitudes and intentions. For my proposed research, I will build on this preliminary work by developing an intervention for older adults that increases their perceived control and mental health literacy, and that reduces their experiential avoidance.

Importantly, the Lancet Commission on ending mental health stigma highlights the importance of co-designing anti-stigma interventions with individuals with lived experience (Thornicroft et al., 2022). Considering the shift towards patient-centered health research (Silvola et al., 2023; Canadian Institutes of Health Research, 2014), co-design is the most sensible approach for my research purposes. Thus, in addition to meeting my first objective of developing an anti-stigma intervention, I will meet my second objective by evaluating the process of co-designing the intervention with older adults.
Methods: Of over twenty different frameworks of co-design research paradigm, the community based participatory research (CBPR) approach is best suited to my proposed objectives, and it is the most cited community engagement approach when designing effective health interventions (Collins et al., 2018; Wallerstein et al., 2021). This approach emphasizes equal collaboration between the researchers and the end-users throughout all the stages of the research process (Leask et al., 2019). ***Recruitment:*** I will use purposive sampling to recruit the members of the co-design team (Palinkas et al., 2015), which will include geropsychologists (experts) and older adults (who have and have not accessed mental health services). ***Procedure:*** Focus groups will be used as the primary tool to meet my study objectives as they are often employed within CPBR research (Israel et al., 2013). The co-design team will work together in monthly focus groups to develop the intervention. The details of the intervention will be decided collaboratively, although my intention is for the intervention to be brief (5-10 minutes), likely a video format, and focused on reducing EA and enhancing PC and MHL. In addition to meeting my first co-design objective, I will meet my second objective of measuring the co-design process in two ways. First, all members of the co-design team will complete subscales from the CBPR scale (Boursaw et al., 2021) at each focus group meeting to measure key contexts, mechanisms, and outcomes of the co-design process. Second, the focus groups will be audiotaped, transcribed and analyzed using a 3-stage constant comparison method (i.e. data-> codes->categories->themes; Strauss & Corbin, 1998). **Implications:** This study will result in a co-designed intervention improve help-seeking intentions and attitudes among

older adults. Importantly, it will also document the extent to which the intervention development followed the principles of collaborative co-design guided by CBPR.