Older Adults and Addictions in Ontario: Results from a Provincial Survey of Community Mental Health Agencies

A project of the Addictions Subgroup of the Community of Practice for Mental Health, Addictions and Behavioural Issues – SHRTN / AKE / ORC Learning Collaborative

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INTRODUCTION

This report discusses the results of a provincial survey of community mental health and addictions agencies regarding older adults and addictions. This is a preliminary survey to help us begin to understand how many providers are working with older adults who have substance use issues and to identify what areas the providers see as requiring attention.

We are indebted to the SHRTN Community of Practice and the Alzheimer's Knowledge Exchange for their support and help with this and owe a particular thanks to Sarah Clark, our Knowledge Broker who ensured distribution and initial collation of the data.

PROJECT PARAMETERS

In our initial discussions we decided to keep this, our first survey, simple and confined to trying to define the size of the issue and to getting an early idea of what would be helpful to the people serving older adults with substance misuse issues.

We decided the survey should be short, with straightforward questions that could be answered with numbers or short sentences. We also wanted to use the survey as a vehicle to identify training issues and expand our Subgroup and Community of Practice.

CONTEXT

The Geriatric Addictions Subgroup is a group of agencies from across Ontario that are specifically dedicated to providing specialized geriatric addictions/concurrent disorders services. Some of the members are stand alone agencies who exclusively serve older persons and others are embedded in larger multiservice organizations but all share a history and expertise in the area of specialized geriatric addictions.

It is important to note that many older adults are accessing addictions treatment and service in mainstream addictions agencies. These same agencies are also very likely developing expertise and understanding of the older population in response to the demand from the ageing demographic. We, as a group, wanted to connect and try and understand what the capacity is in these agencies.

It is also fair to say that there is a subpopulation of older adults with addictions that require specialized service that has been traditionally offered by the members of the agencies that make up the geriatric addictions subgroup. We were also interested in what kind of support other agencies require in order to increase their ability to work with this more specialized group. This is related to the demographic growth of the older population and the capacity of services in Ontario to meet this growing need.

WORKING GROUP MEMBERSHIP

Toronto - Elizabeth Birchall, Community Outreach Programs in Addictions (COPA)
Halton Region - Julia Baxter, St. Joseph's Healthcare Hamilton – Halton Geriatric Mental Health and Addiction Outreach & Halton ADAPT
Thunder Bay - Jan Haycock, Sister Margaret Smith Centre, St. Joseph's Care Group
Ottawa - Dallas Smith, Lifestyle Enrichment for Senior Adults (LESA) Centretown Community Health Centre
Peel Region - Carolyn Thompson, Peel Addiction Assessment and Referral Centre (PAARC)
Hamilton - Bonnie Franklin, Hamilton Public Health Services, Alcohol, Drug and Gambling Services, Older Wiser Lifestyles (OWL)
Toronto - Robin Hurst, Seniors & Mental Health, Saint Elizabeth Health Care
Sarah Clark, Knowledge Broker, Alzheimer's Knowledge Exchange (AKE)

KEY FINDINGS

- Nearly **96% of the survey respondents are working with older adults with substance misuse issues**
- Both **geriatric and non geriatric tools for screening are being used**, with the geriatric tools including those that assess cognitive functioning levels.
- Nearly 68% reported they had had some sort of addictions training and identified **highest ranked training needs** as:
    - **alcohol and dementia, harm reduction**, **assessment/screening for substance use**, and **responsive behaviours**
- Most **common interventions/services** are:
    - **harm reduction, cognitive behavioural therapy, motivational interviewing, and counselling**
    - psychiatric referral, **concurrent disorders programs**, abstinence based programs, and withdrawal management(detox)
- Most **common referrals/consultation** used:
    - extensive use of **pyschogeriatric resources** and **psychiatry**
    - extensive use of **unspecified addictions services** and the **specialized geriatric addictions services (e.g. PAARC, LESA and COPA)**

DISCUSSION and ANALYSIS

It has been previously stated in this report that this survey is an initial effort to assess what is happening in the mental health and addictions sector with respect to older adults and addictions. The results help us start to understand how often service providers are working with older adults with addictions, what sort of tools and interventions they are using, where they are referring/consulting and what the training needs are.

The majority (96%) of the service providers we surveyed are working with older adults with substance use concerns. This confirms what the specialized geriatric addictions services have understood anecdotally for some time. It also confirms this is a population that we need to develop a coherent and coordinated response for as a sector.

Service providers are using screening tools but it appears that people are using a cross section of tools and it is not completely clear why certain tools are being chosen and if it is based on best practice for older adults with substance use issues. This is an area that requires more investigation regarding choice of tool. Are service providers using the tools they know and have available or the best or most effective choice for this population? If the tools currently being used are not based on best practice it is possible that their use is resulting in lower quality clinical decision making regarding further assessment, treatment and/or referral.

The tools themselves are related to different parts of the sector and are in some cases mandated by the Ministry of Health and Long Term Care/LHINs; this is the case with ADAT – Addictions and OCAN – Mental Health. The geriatric addictions specific tools (GMAST and SAMI) are both good tools but are alcohol specific. The changing demographics of the aging population will require broadening to include other types of substance. The other geriatric specific tools are related to cognitive impairment (MMSE, MoCA) and some that look at depression (GDS, SIDGECAPS). It is commonly understood in specialized geriatric addictions that impairment of cognitive function, mood and physical health issues are co-occurring and must be intrinsic to any assessment or treatment plan for an older adult with a substance misuse issue.

The service providers are using evidence based interventions that are generally understood to be effective, such as harm reduction, cognitive behavioural therapy, motivational interviewing and counseling. This does, however, lead us back to the issue of best practices for this population. It would undoubtedly be helpful to the sector at large to have a clear understanding of the most effective way of providing service to this population.

The most common referral choices include psychiatric referral, concurrent disorders programs, abstinence based programs and withdrawal management. The consultation resources used are psycho geriatric services, psychiatry and in addictions specifically, use of unspecified addictions services and the specialized geriatric addictions services (e.g. PAARC, LESA and COPA).

The intervention, referral and consultation patterns have the potential to help us understand where we should focus on identifying best practices and building capacity. Abstinence based approaches, for example, are generally accepted as not ideal for older adults whereas motivational interviewing and CBT can work very well for this population. The interpretation of referral and consultation usage does require more investigation. Are people using what they have available or what they believe to be best practices? The question then becomes what sort of resources should be available for consultation and referral? The answer would have to be based on effective use of health system resources and highest quality of care for service users both of which relate to improving the response of the system to older adults with substance misuse needs.

The final area is recommended training needs which were identified as alcohol and dementia, harm reduction, assessment/screening and substance use, and responsive behaviours. This dovetails with what most people in the geriatric sector at large have identified anecdotally already.

The overall findings of the survey supports many of the existing initiatives currently underway such as Behavioural Support Ontario, Guidelines for Comprehensive Mental Health Services for Older Adults in Canada (Mental Health Commission of Canada, 2011), and Not to be Forgotten: Care of Vulnerable Canadians (Parliamentary Committee on Palliative and Compassionate Care, 2011). These reports or initiatives identify the need for the system to respond to older adults with a number of issues including substance misuse needs within an integrated community model.

Ontario's Action Plan for Health Care (Ministry of Health and Long Term Care, 2011) states 'high quality care is less expensive' because we get it right the first time, transition for people between mental health care providers should be smooth, and care should be at home as much as possible. The recommendations growing out of this survey clearly support this. We need to improve our response by providing best/promising practices direction, training and consultation access to a variety of providers so the right service is available in the right place at the right time for older adults with substance misuse issues in Ontario.

RECOMMENDED NEXT STEPS

This report based on the survey will be circulated widely through our SHRTN/AKE/ORC Community of Practice for Mental Health and Addictions http://www.akeresourcecentre.org/Addictions in order to inform or 'report back' to our own sector.

We will also make this report available to the BSO Provincial Resource Team, our LHINs, the Canadian Coalition for Senior's Mental Health (CCSMH) and the Ministry of Health and Long Term Care.

The Geriatric Addictions Subgroup will continue to build on our Fact Sheets and the pocket guides that are facilitated and distributed by our partners at the National Initiative for the Care of the Elderly (NICE) informed by the areas identified in this report (e.g. best practices for screening/assessment tools, harm reduction for older adults).

We will also grow our Geriatric Addictions Subgroup and Community of Practice in order to provide support, information and stimulate knowledge exchange within the health system regarding older adults and substance misuse issues.

SURVEY RESULTS

METHODOLOGY

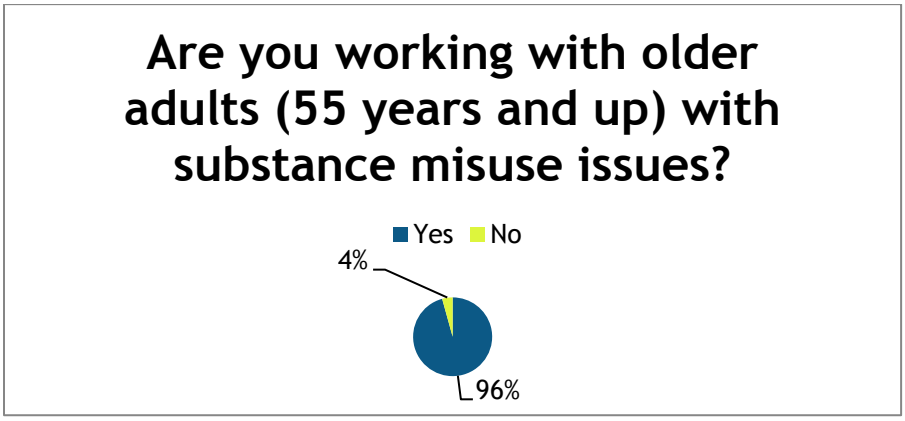
1. Development of the Questionnaire

The questionnaire was developed by the Older Adults Addiction Subgroup of the Community of Practice with input and support of our SHRTN Knowledge Broker. The primary objective was to get some basic information about the number of agencies working with older adults with addictions, where they are, what sectors providers are working in, what sort of resources they have for consultation, what tools they are using and what are the training needs.

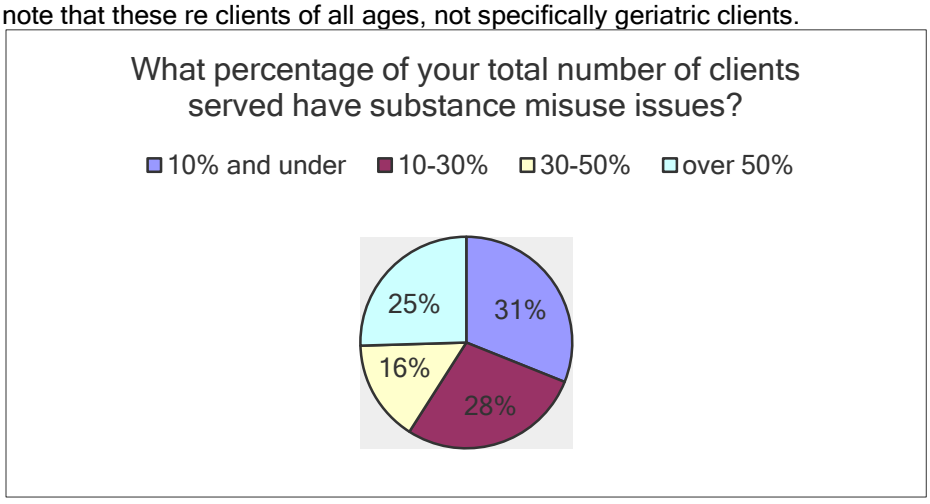
2. Administering the Questionnaire

The questionnaire was distributed through several networks, the Ontario Federation of Mental Health and Addictions Providers (OFMHAP), Addictions Ontario (AO), the Mental Health, Addictions and Behavioural Issues Community of Practice members, Geriatric Mental Health Outreach Teams, the SHRTN/AKE knowledge brokers who distributed to their networks, public health network, and the Community Health Centre Association. One hundred and sixty three surveys were widely distributed and many of the respondents were not geriatric or addictions specific providers. The response rate was excellent at 95.7%.

Question 1 - Are you working with older adults (55 years and up) with substance misuse issues?
Nearly 96% of the 163 respondents are working with older adults with substance misuse issues.



Question 2 - What percentage of your total number of clients served have substance misuse issues?
Over 40% of the respondents reported that 30% or more of their clients have substance misuse issues. It is important to note that these re clients of all ages, not specifically geriatric clients.



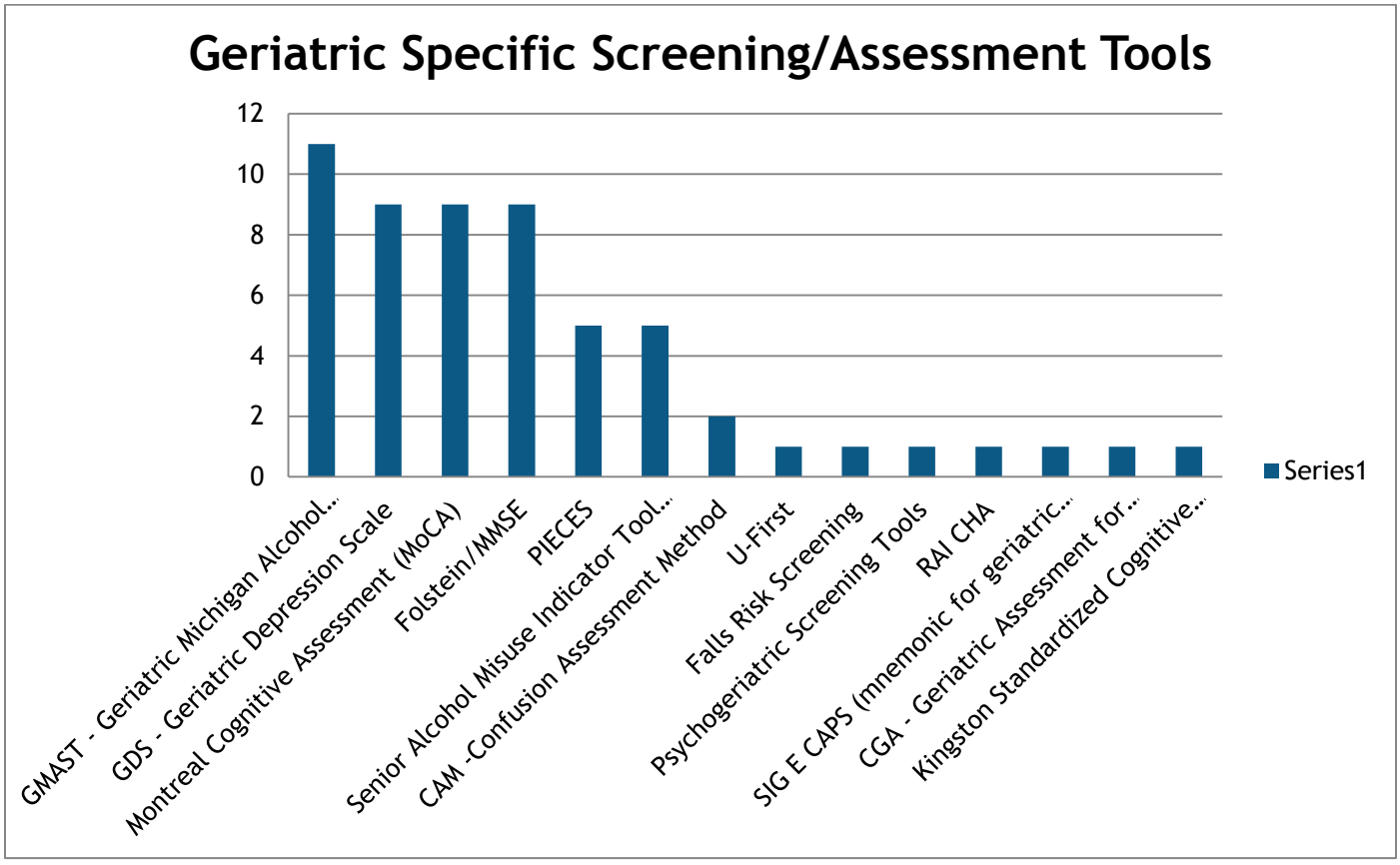
Question 3 - What tools do you have to work with this population? Please list any /all:
1. Screening/Assessment Tools
2. Clinical Interventions
3. Other Strategies/Guidelines

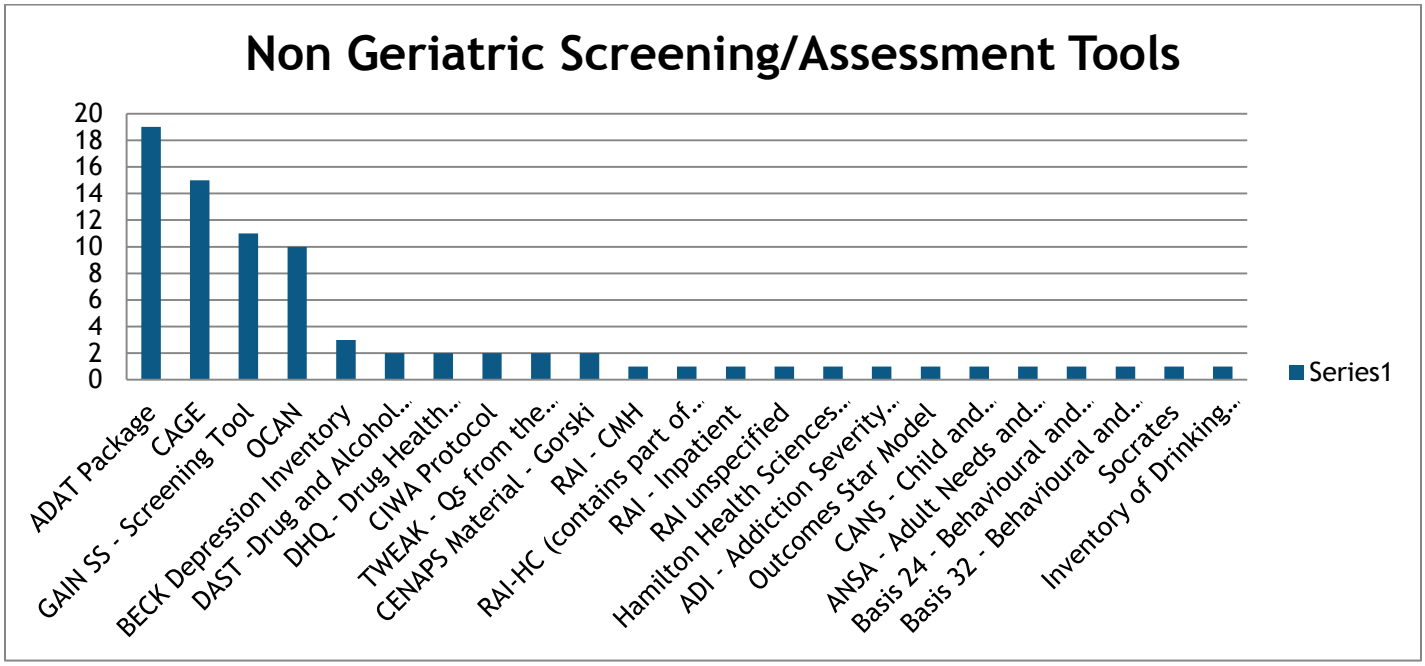
We asked this question to get a sense of the type of tools and interventions that people were using as a first step towards developing best/promising practices for geriatric addictions assessment and interventions.

Screening/Assessment Tools
The geriatric specific assessment tools that are being used include two specifically to assess for problematic issues with alcohol (GMAST and SAMI), a number that look at cognitive impairment(MMSE, MoCA) and some that look at depression (GDS, SIDGECAPS).

The non geriatric specific tools that were used, in order of frequency, are the ADAT, the CAGE, The GAIN Short Screener and the OCAN. The ADAT is a collection of tools that is being implemented in all addiction agencies across Ontario on the direction of the Ministry of Health and Long Term Care. The Ontario Common Assessment of Need (OCAN) is being implemented in community mental health agencies across the province also under the direction of the Ministry of Health and Long Term Care.

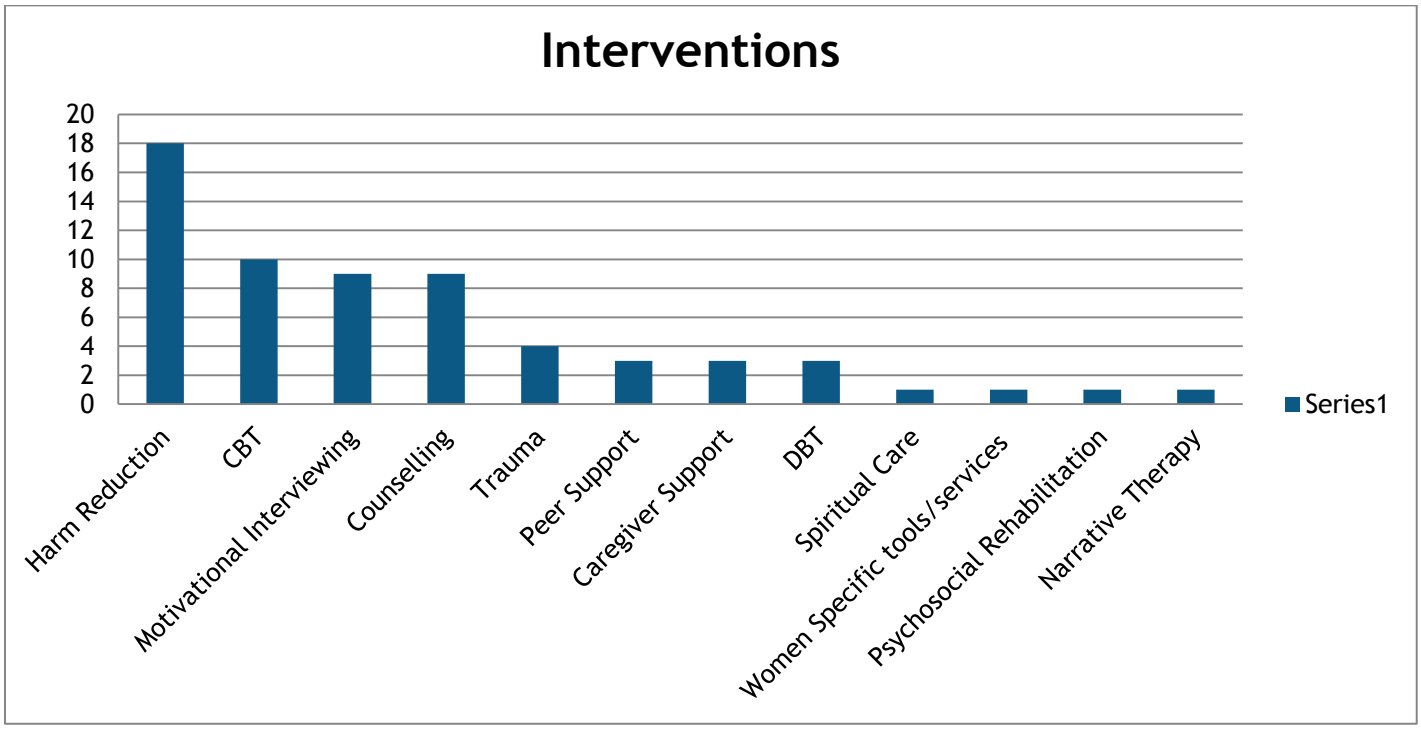
The CAGE is a very simple 4 question tool that does a preliminary screen for alcohol misuse issues and the GAIN Short Screener is a tool that assesses for mental health issues and substance misuse.

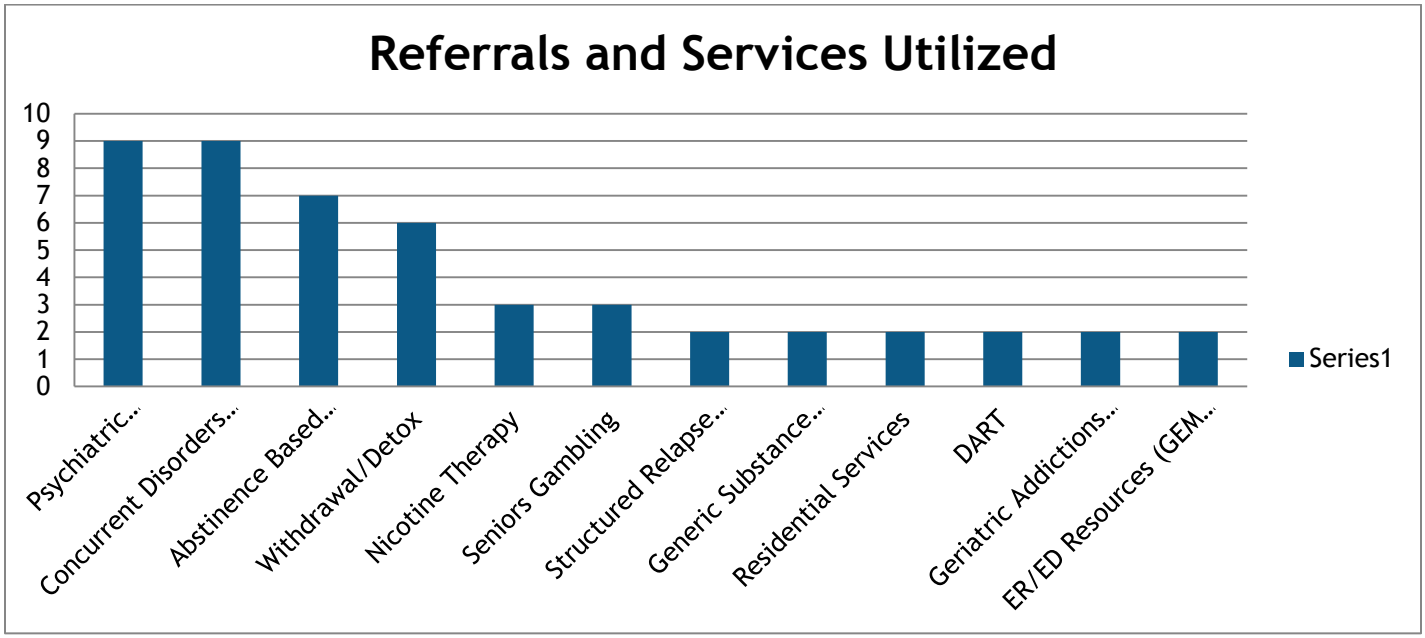




Interventions, Referrals and Services Utilized

The responses covered a wide array of interventions but the most commonly reported included harm reduction, cognitive behavioural therapy, motivational interviewing and counselling. The respondents are using a variety of referrals and services with the most often used being psychiatric referral, concurrent disorders programs, abstinence based programs and withdrawal management (detox).

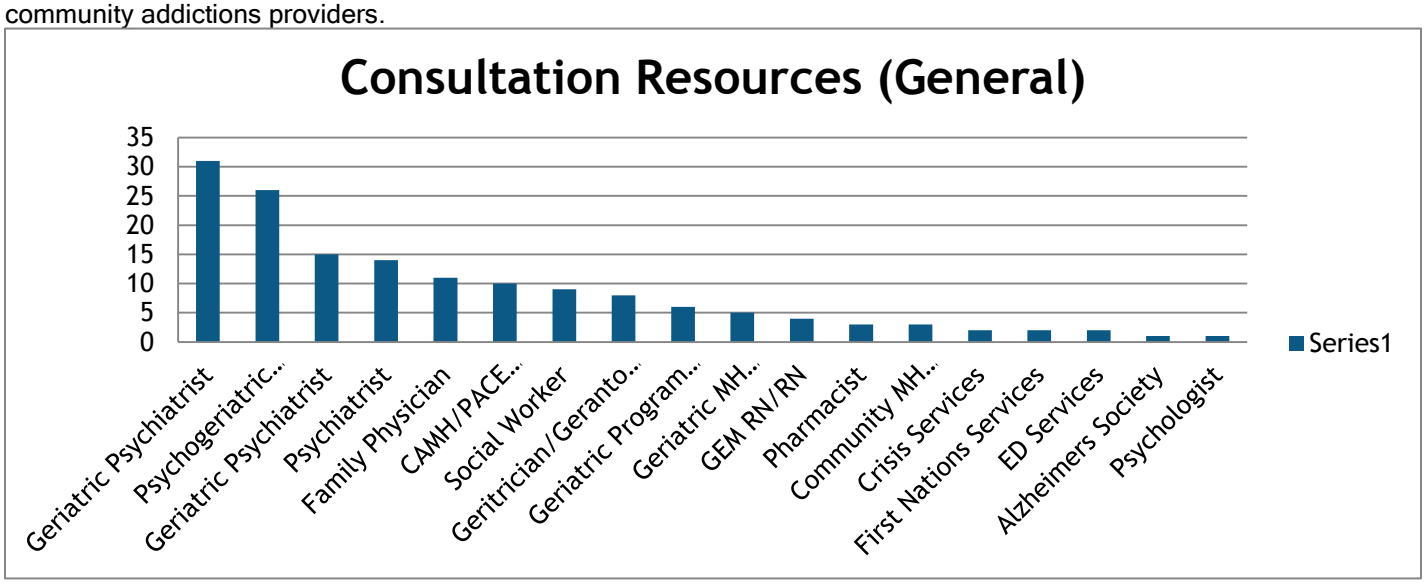


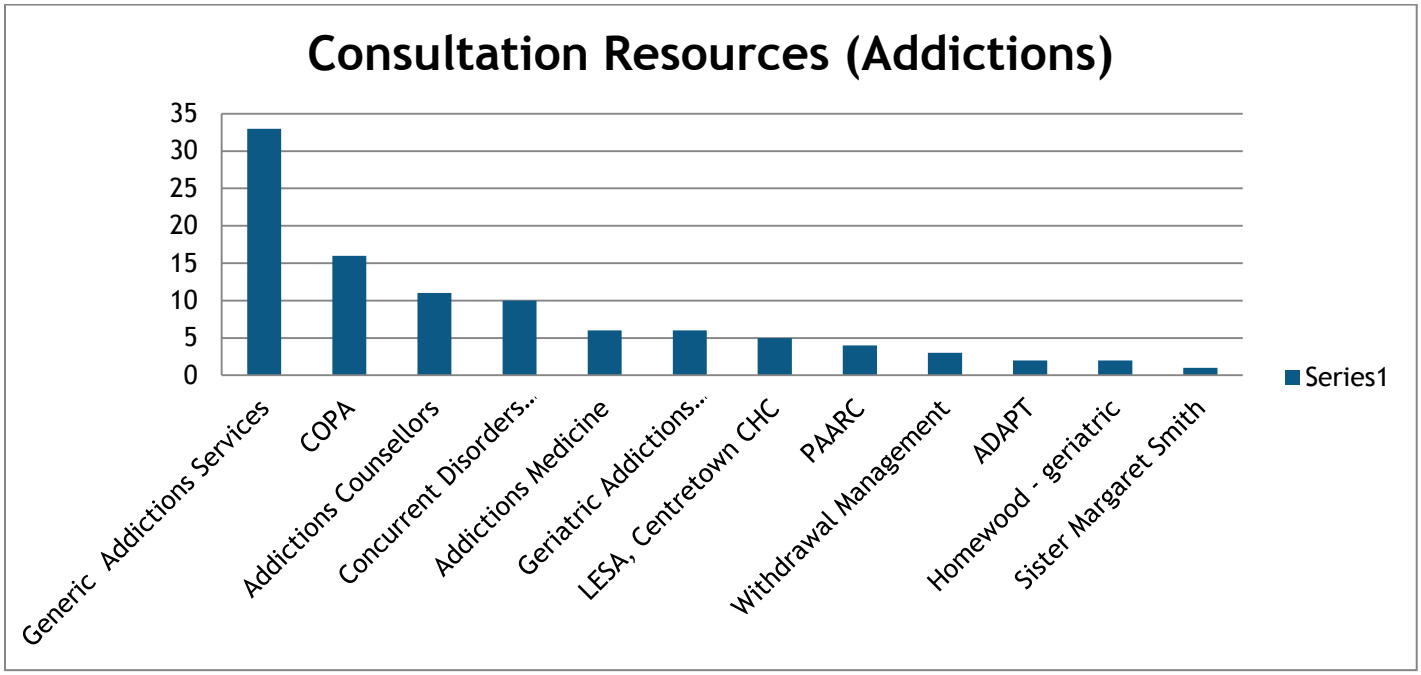


Question 4 - What resources are available to you to consult with on older adults with substance misuse issues (e.g. geriatric addictions specialist staff, psychogeriatric services, geriatric psychiatrist, addictions services etc.)?

We asked this question to try and understand what resources providers had access to and were using to work with older adults with addictions issues. The results are very interesting and for purposes of this analysis have been divided into general consultation resources and addictions specific resources.

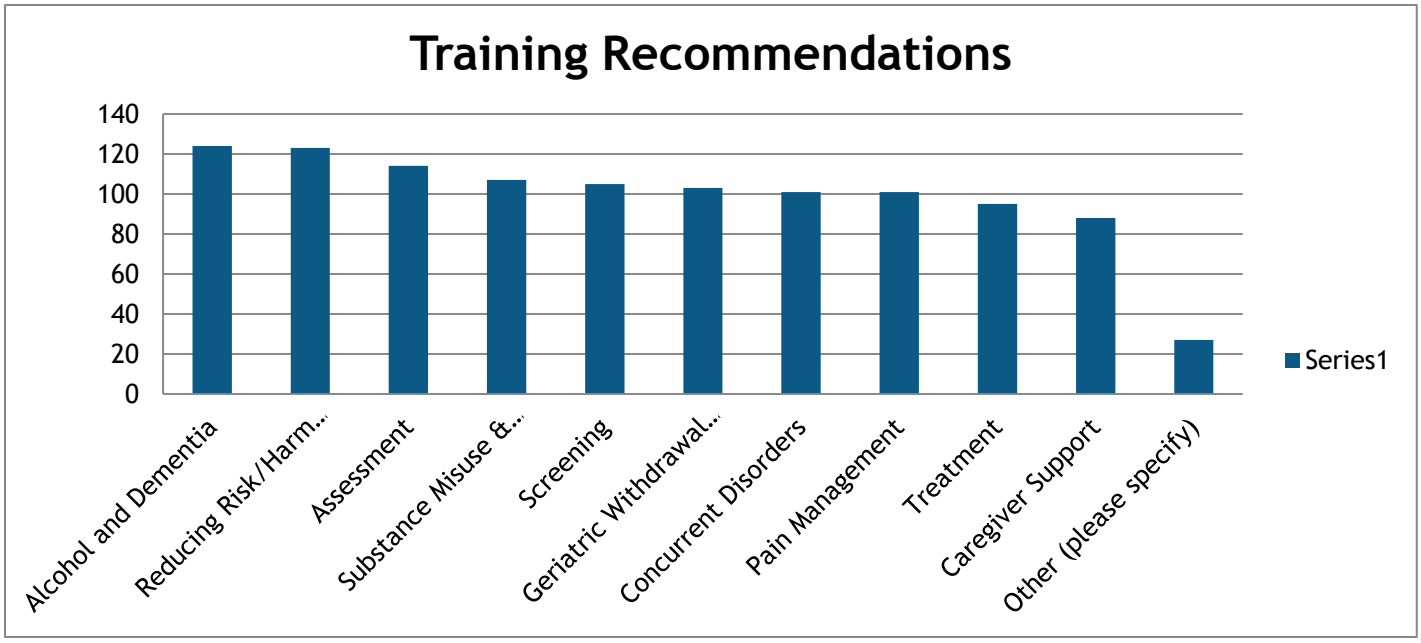
The general resources used show extensive use of pyschogeriatric resources and psychiatry. The addictions specific resources show extensive use of unspecified addictions services and the specialized geriatric addictions services (e.g. PAARC, LESA and COPA). This leads to an interesting discussion regarding expertise that may exist within addictions services that is not being leveraged and an opportunity to enhance capacity through using specialized services paired with community addictions providers.





Question 5 - What training or education areas would you recommend for new or existing staff working with older adults with substance misuse needs?

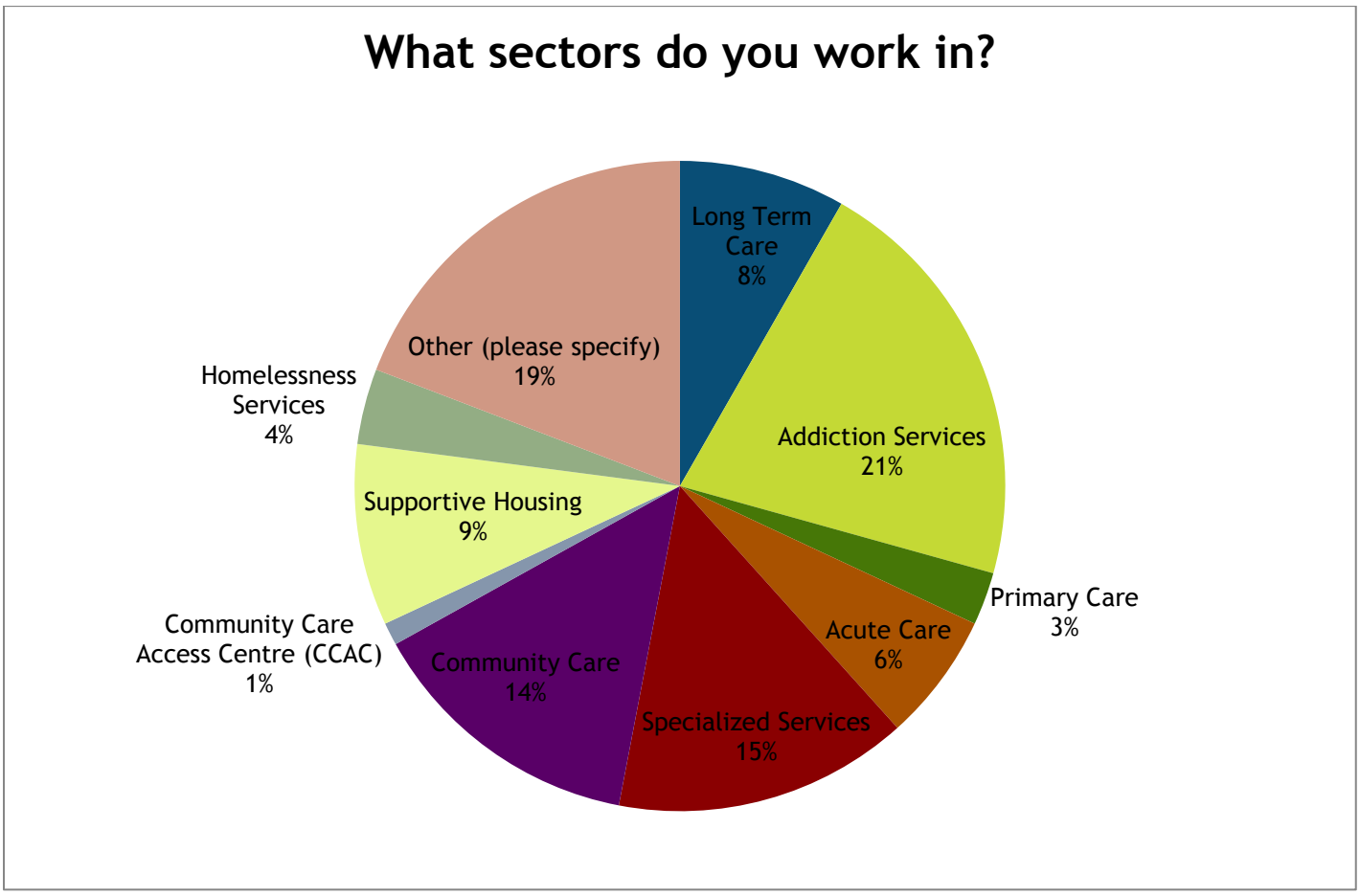
We asked this question to find out what people in the field see as the primary areas that people need to be trained and education in. The results are interesting and it is interesting to note the highest ranked training needs are alcohol and dementia, harm reduction, assessment/screening and substance use and responsive behaviours.



Question 6 - Have you had addictions training?
Question 7 - If so, please provide details

Nearly 68% of the respondents reported they had had some sort of addictions training. This training has been obtained through degree or diploma educations (e.g. MSW program, addictions counselling), workshops or training sessions and on the job experience. The training is across the spectrum with little consistency and a lot of fragmentation.

Question 8 - What is the name of your organization?
Question 9 - What sectors do you work in?
The respondents are working in virtually all sectors in the health and social services system. It is important to note that many of the respondents are working in multiple sectors.



Question 10 - What LHIN(s) do you provide service to?
We had an excellent response, with all 14 LHINs represented in the respondents.

Question 11 - Are you interested in participating in the Geriatric Addictions Subgroup of the Seniors Health Knowledge Network Mental Health, Addictions and Behavioural Issues Community of Practice?

The total number of respondents was 157, of which 42% are interested in participating in the Geriatric Addictions Subgroup of the Community of Practice.

REFERENCES:

Behavioural Supports Ontario, http://www.akeresourcecentre.org/BSO

Mental Health Commission of Canada (2011). Guidelines for Comprehensive Mental Health Services for Older Adults in Canada, http://www.mentalhealthcommission.ca/English/Pages/MHCC_Seniors_Guidelines.aspx

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Parliamentary Committee on Palliative and Compassionate Care (2011), Not to be Forgotten: Care of Vulnerable Canadians, http://pcpcc-cpspsc.com/wp-content/uploads/2011/11/ReportEN.pdf