

# Respect, Recovery, Resilience

Leigh Hayden

Ann Tassonyi

Elizabeth Birchall

March 8th, 2011



# Objectives

1. Identify implications for seniors
2. Discuss how we can move the agenda forward for seniors with mental health and addictions issues

# Agenda

8:30	Welcome
8:40	Goal: Improve mental health and well being
8:50	Discussion
9:05	Goal: Create health communities
9:15	Discussion
9:30	Goal: Identify problems early
9:40	Discussion
9:55	Wrap Up

**Goal: Improve Mental Health and Well-Being**



# Mental Health for ALL

- Population health approach, focusing on health through the lifespan.
- Gendered approach needed, to respond to different health needs and experiences.
- How can we support the mental health of seniors – both men and women?
- What about addictions? Between 40% and 70% of the people who seek help for a primary substance use concern at the Older Persons Unique Solutions Program (OPUS 55), at the Centre for Addiction and Mental Health in Toronto, also have a co-occurring mental health disorder (CMHA, Ontario Division, 2000).

# Mental Health of Older Women (and men)

- Older Ontarians who started antidepressant medication had low rates of adequate physician follow up for depression; 9.5 percent for women and 9.9 percent for men.
- Among these older Ontarians, increased age was associated with a decreasing likelihood of having had three physician visits for depression after starting antidepressant medication.
- Older women from lower-income neighbourhoods were less likely to have had the recommended number of follow up physician visits for depression after starting their new antidepressants than women from higher-income neighbourhoods .
- 18-35% of women >65 yrs reported activities limited due to pain or discomfort; 11-27% of men >65 yrs reported this. For both sexes, as household income declined, the frequency of reporting increased.
- % of women >65 yrs with depression within the last 12 months: 2.0%.
- % of men >65 yrs with depression within the last 12 months: 1.6%.
- % of Ontarians >65 yrs with dementia: 8% (67% of cases are in women).

# Mental Health Promotion

- Improve **access** to and **acceptability** of seniors programs, recreational activities, healthy food, and good quality health care.
- Seniors in rural and northern areas often have little access to these services and are more likely to be isolated and receiving low income.
- Support informal caregivers through respite, programs, and income supports.

# Mental Health Promotion

- Ensure good quality cardiac care for seniors to promote mental health.
- Ensure providers follow clinical care guidelines for cardiac care in older populations – especially regarding the use of ACE inhibitors.



# Questions: Mental Health and Well-Being

1. What would be your top two priorities to improve mental health and well-being in an aging population? Think about areas that would have high impact and relative ease of implementation
2. How can we leverage this report and its directions to improve mental health and well-being?

**Goal: Create Healthy Communities**



# Questions: Healthy Communities

1. What would be your top two priorities to create healthy communities for an aging population? Think about areas that would have high impact and relative ease of implementation.
2. How can we leverage this report and its directions to create healthy communities?

**Goal: Identify Problems Early**



# Early Identification and Intervention

- Incidence of Mental Illness (MI)
- Strategies:
  - Provincial
  - Regional
  - Local
- Discussion

# Early Identification and Intervention

- 10-25% of seniors have Mental Health D/O
  - Medical illness/co-morbidities
  - Disability
  - Social /emotional isolation
  - Problematic substance use
  - Loss, caregiver stress, transitions

# Rising Tide Report (Alzheimer Society, 2010)

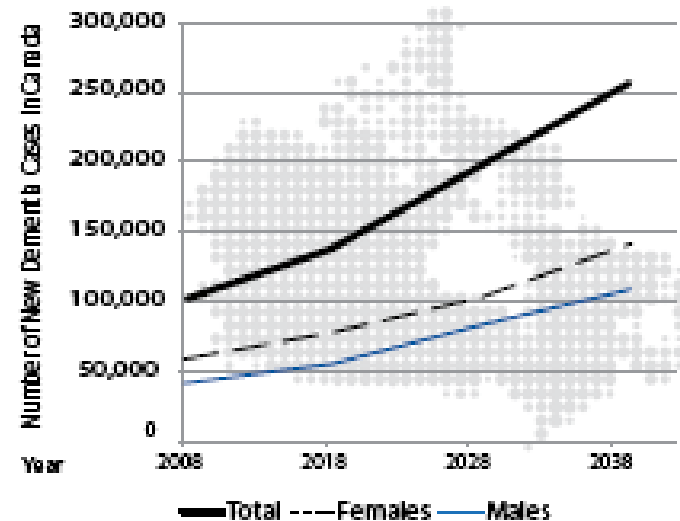
## Projected Incidence:

2008: 103,700 new dementia cases per year  
or one new case every 5 minutes

2038: 257,800 new dementia cases per year  
or one new case every 2 minutes

## Current and Future Dementia Incidence In Canada, Ages 65+: 2008-2038

Incidence of Dementia in Canada by Sex 2008 to 2038



# Depression in the Elderly

Chronic illness:	25%
Widows & Widowers:	10-20%
Community:	14.7-20%
Hospitals:	12-45%
Long Term Care:	40%

(Canadian Coalition for Seniors Mental Health, The Assessment & Treatment of Depression, 2006)



# Delirium in the Elderly

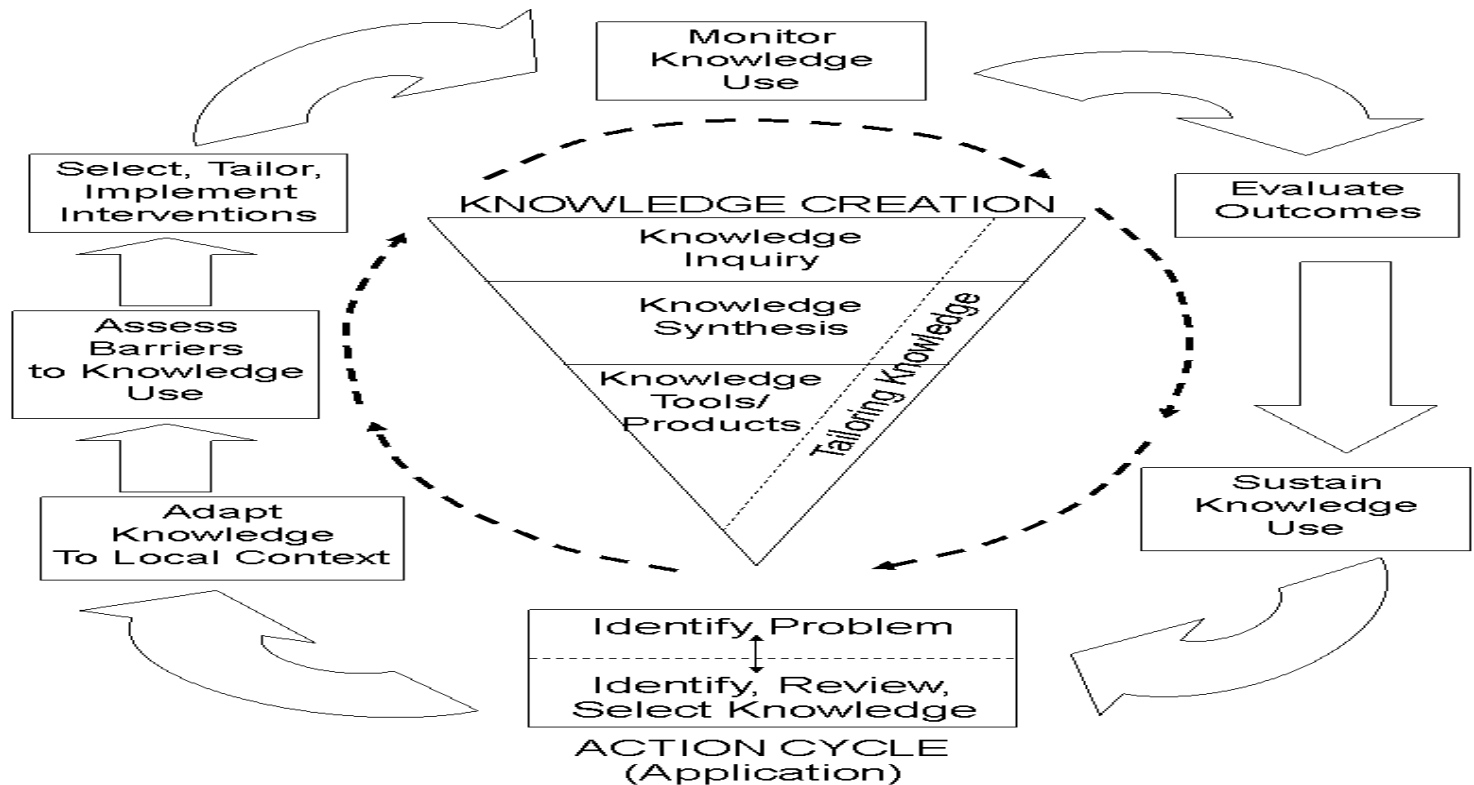
Community:	10-13 %
Emergency:	10%
Hospital Admission:	6-56%
Hip Fracture:	40-50%
Long Term Care:	80% at some pt.
Terminal Illness:	88%

(The Canadian Coalition for Seniors Mental Health, Assessment & Treatment of Delirium, 2006, RNAO, May, 2010 )

# Link Between Mental Health & Addictions

- 3/10 people with mental illness will be dependent on alcohol/drugs
- 4/10 people who use alcohol will have MI some time in their lives
- 3/10 problem gamblers report substance use difficulties
- MOHLTC (2009), Every Door is the Right Door

# Knowledge to Action Process (Graham et al. 2006, p. 19)



# Early Identification & Intervention

## Provincial Level

- Committee work, Ministry invitations  
(Launch of the MH & Addictions strategy, Behavioural Support Systems)
- Professional organizations: e.g.. Registered Nurses Association of Ontario (RNAO) Best Practice Guideline Project
- Dementia Care Networks
- Communities of Practice (AKE, SRTN)

# Early Identification & Intervention

## Regional Level

- Community Consultation (LHIN)
- Conference planning (themes, gaps)
- Regional Geriatric Program initiatives (Getting it Right: Enhancing the Use of Cognitive Assessment Tools for the Elderly, June 23, 2011)
- Dementia Care Network regional initiatives

# Early Identification & Intervention

## Local Level

- Case Consultation, Education & Community Development
- Dissemination of Best Practice information such as CCSMH, RNAO, tools, knowledge products
- Best Practice Guideline implementation(CCAC)

# Early Identification & Intervention

## Local Level

- Linkages with information: AKE, COP, SHRTN librarians
- Link people to specialty resources
- Link people to on-line resources (Older Persons Data Base)
- Collaboration with Geriatric Mental Health Outreach Teams, Networks (Dementia Care Network, Stroke Network)

# Early Identification & Intervention

## Local Level

- Conferences, workshops (PIECES, U-FIRST, Gentle Persuasive Approaches, PSW workshops: Recognition of 3Ds)
- Ongoing support, mentoring, coaching
- Linking to initiatives (Residents first, MDS-RAI & PIECES)
- University & College education



# Early Identification & Intervention

- Enhance capacity, transform the system
- ↑ knowledge of work force
- Interdisciplinary collaboration, linkages, networks
- ↑ Access to specialty services
- ↑ use of Best Practices, moving new knowledge to practitioners at point of care
- Support of client & families
- Engage clients & families in recovery
- Relapse/recurrence prevention/referrals

# Questions: Identify Problems Early

1. What would be your top two priorities to identify problems early for an aging population? Think about areas that would have high impact and relative ease of implementation.
2. How can we leverage this report and its directions to identify problems early?