Respect, Recovery, Resilience

PART ONE

February 14th, 2011 Summary

Goal Stop Stigma and Discrimination

This goal requires a fundamental shift in thinking:

AREA	OLD MODEL	NEW MODEL
Who	Everybody All mental illness	Sharply defined groups Specific diseases
Goals	Tolerance Change attitudes	Change behaviour of specific groups Inclusiveness
Providers	Leaders	Targets

Top priorities to address stigma and discrimination in an aging population:

- Education
  - Provide education to lift the fear around caring for seniors with mental health
  - Education of all who come into contact with older people
  - Educate the community on the same lines as the province has done with Abuse This includes setting up the approach as a provincial strategy (i.e. regional coordinators, partnered with stakeholders in the area, ongoing committees)
- Accountability
  - Increase reporting and regulation regarding prescriptions on the BEERS list
  - Increase funding for geriatric mental health outreach services but tie the funding to responding to priorities of shared/collaborative care, outreach to LTC homes etc.
- Target Seniors
  - Seniors can be the worst offenders in regards to mental health
  - The issue of self stigma is significant and peer support programs can help address this
  - Ensure a social inclusion strategy also promote mental health

Leveraging this report to address stigma and discrimination for seniors with mental health and / or addiction issues

- Education
  - Integrate stigma into education processes on the front line
  - Tackle mental health issues within an ageism context
  - Inter-generational, collaborative approach -- peer to peer, student to senior, etc
  - Integrate mental health and addiction into all aspects of geriatric curriculum
- Increase Understanding
  - Gather seniors' and their families' lived experience examples when interfacing with health system and highlight the impact of stigma as one of the barriers or negative influence on the outcome

Goal Provide Timely, High-Quality, Integrated, Person-Directed Health and Other Human Services

Foundational to this goal is a shift to the integration of mental health services; a shift from isolated to mainstream care. This shift will require coordination across services but results will include more effective care, smoother transitions and shorter waits, to name a few. The net result of the 17 strategies is a focus on Quality Improvement as a change mechanism. QI is a starting point and will afford stakeholders a common problem solving language. To succeed in this area, a whole-of-government commitment must be made to mental health and additions, with targeted action to:

- strengthen and integrate mental health and addiction services;
- enhance the capacity of the health system to provide integrated services for people with mental illnesses and / or addictions;
- integrate health and other human services, and improve transitions between services

Top priorities to improve services for an aging population:

- Inter-Sectoral Collaboration
  - Bring all the stakeholders together (Day Programs, LTC, Senior Housing, etc...) to enhance understanding of roles
  - Enhance current services such as outreach services
  - Align services to ensure needs are identified and the person has a seamless experience
- Shift to Community-Based Model
  - Adopt the Danish model and focus on seniors living in the community - not institutions

Leveraging this report to provide timely, high-quality, integrated, person-directed services for seniors with mental health and / or addiction issues:

- Link to other activities across continuum of care
  - Accreditation
  - Organizational practices on risk assessment
  - Quality improvement
  - CCIM discussions around common assessment
- Change Thinking
  - Address health provider prejudice against troublesome seniors
  - Ensure the needs and experiences of seniors are used as working example in settings which serve multiple populations