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Mental Health Commission of Canada

Commission de la santé mentale du Canada

Summary: Guidelines for Comprehensive Mental Health Services for Older Adults in Canada

mentalhealthcommission.ca

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1. Intended purpose

Mental health and well-being are as important in older age as in other times of life. That is one reason the Mental Health Commission of Canada (MHCC) created Guidelines for Comprehensive Mental Health Services for Older Adults in Canada. The Guidelines provides best advice for those who plan, develop, and deliver mental health care (and related) services to meet the distinct needs of older adults. Since these needs will continue to grow as our population ages over the coming decades, the Guidelines offers recommendations for a more integrated system to support the well being, quality of life, and recovery journey of older adults, across a range of mental health and addiction-related problems and illnesses.

Defining older adults

Canada's older adult population, which is usually defined as adults over the age of 60 or 65, is very diverse. The age needs of the younger cohort of seniors (60 to 75) can be very different than those over the age of 85. It is also important to recognize that some individuals age prematurely due to complex, multiple, and chronic health problems or socio-economic circumstances. In addition, age-related needs and preferences are influenced by varied cultural and historical contexts, which require distinct considerations for Indigenous peoples, populations with minority language status, and members of LGBTQ+, immigrant, refugee, ethnocultural, and racialized communities.

Mental health and addiction-related problems affecting older adults

For the purposes of the Guidelines, these problems include

- those that occur for the first time, such as mood, anxiety, or substance use disorders
- those that occur among people living with recurrent, persistent or chronic mental illnesses or substance use disorders but which have new age-related complications
- behavioural and psychological symptoms of dementias, including Alzheimer's and other neurocognitive disorders
- those that occur with other medical conditions with known correlations to mental illness such as Parkinson's disease (with cerebrovascular or chronic lung disease).

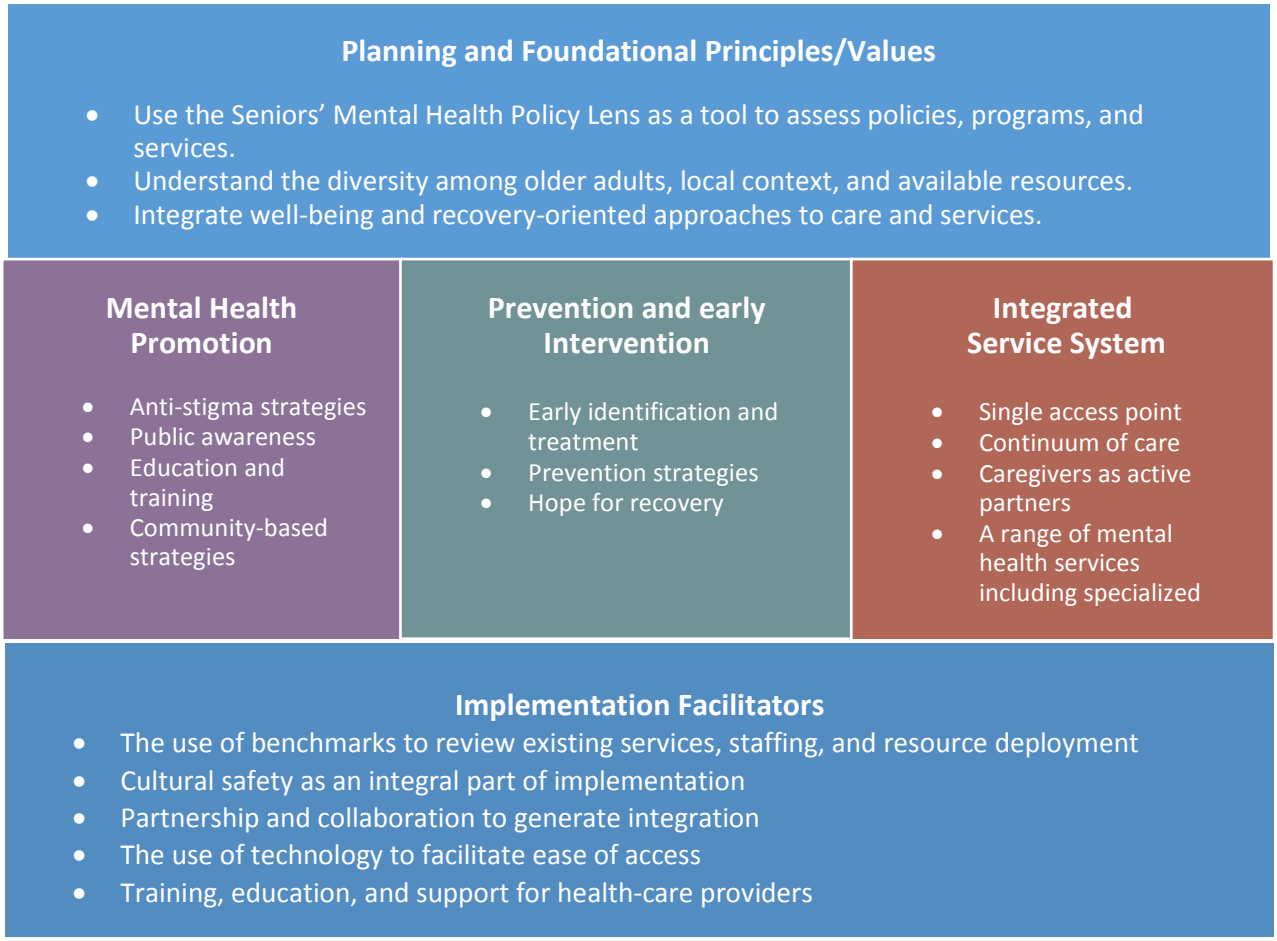
The most common mental illnesses affecting older adults

Types of Mental Illness	Description and Significance
Mood and anxiety disorders	**Depression** The most common mental health problem, experienced by as many as one in five older adults and up to 40 per cent of residents in long-term care homes.[i] It includes persistent feelings of sadness, hopelessness, and/or loss of interest or pleasure in previously enjoyable activities for two weeks or more. For older adults, depression often includes cognitive and physical changes, memory problems, disturbed sleep, decreased energy or excessive tiredness, decreased appetite, and thoughts of suicide.

	Suicide The suicide rate for men 80 and older is significant at 21.5 per 100,000, 24.8 per 100,000 for males over 90.[ii] **Anxiety disorders** People 65 and older have the highest rate of hospitalizations for anxiety disorders.[iii]
Cognitive and mental disorders due to a medical condition	**Dementia** A progressive, degenerative illness of the brain that includes loss of memory, impaired judgment, and the loss of reasoning abilities as well as changes in mood and behaviour. Up to 90% of persons affected by dementia will develop a significant mood or behaviour problem severe enough to require treatment or intervention during the course of their illness. **Delirium** An acute state of confusion due to a medical problem such as acute infection in a frail or cognitively impaired individual. It affects perceptions, attention, orientation, emotions, and the level of consciousness.
Substance misuse	**Alcohol and illicit drugs** Five to eleven per cent of older adults have a problem with alcohol misuse and, as a result, are much more vulnerable to its effects on cognition, emotions, and balance. Substance misuse can result in acute and longer-term cognitive impairment, depression, or anxiety and may contribute to falls, accidents, or fractures. Prescribed medications to manage chronic pain or sleep difficulties can also cause substance dependence and complications similar to those of alcohol misuse. Between 15 and 30 per cent of people with major late-life depression have an alcohol use problem.[iv]
Persistent psychotic disorders	**Schizophrenia and delusional disorders** While the overall prevalence of older adults affected by such disorders is low (one to two per cent), the individuals affected require significant support.

Major recommendations for seniors mental health

The guideline's recommendations can be divided into five interrelated streams:



2. Understanding the recommendations

The *Guidelines* provides detailed and practical recommendations for achieving a more comprehensive and integrated system of mental health services for older adults: one that promotes well-being, is focused on prevention and early intervention, and delivers high-quality care across the service continuum.

Planning and Foundational Principles

The *Guidelines* strongly recommends using the Seniors' Mental Health Policy Lens and recovery-oriented practice to assess needs, alongside existing and planned policies, programs, and mental health services for older adults.

What is the Seniors' Mental Health Policy Lens?

The Seniors' Mental Health Policy Lens is a tool designed to promote and support mental health and well-being. It was created with input from older adults across Canada to reflect their values and perspectives and facilitate their inclusion in policy design and analysis. Using a set of questions, this tool is helpful for predicting the negative repercussions (direct or indirect) of any policies, programs, and services related to the mental health of older adults.

Policy lens principles and values

Applying the Seniors' Mental Health Policy Lens in developing a comprehensive mental health system can ensure that policies, programs, and services reflect the core values shared by Canadian older adults as well as system values that support their mental health. The principles and values underlying the recommendations for the mental health of older adults are as follows:

INDIVIDUAL-LEVEL PRINCIPLES AND VALUES	
1. Respect and dignity	• treating older adults with respect, accepting individuals as they are, and recognizing the value of life accomplishments regardless of the circumstances
2. Self-determination, independence, and choice	• empowering older adults to be in control of their lives and to do as much for themselves as possible • providing individuals with information, options, and supports to make their own choices and enhance independence and self-determination
3. Participation, relationship, and social inclusion	• getting involved, staying active, and taking part in the community

	• being consulted and having one's views considered is of value to every senior in any situation
4. Fairness and equity	• considering older adults' diverse needs as equal to those of other Canadians and treating them in a way that maximizes their inclusion
5. Security	• knowing that help is available when needed and being able to plan for the future give older adults a sense of security

SYSTEM-LEVEL PRINCIPLES AND VALUES	
1. Accessible	• removing any social, educational, cultural, economic, or physical barriers to programs
2. Person and relationship centred	• embedding an understanding the social and economic context of the individual • respecting individual values and dignity
3. Wellness and recovery focused	• integrating a recovery orientation into the functions required to support older adults living with mental illness, including illness prevention and good mental health promotion
4. Supportive to family and caregivers	• recognizing family and caregivers as partners in care and valuing them for their knowledge and experience
5. Helpful to service providers	• supporting service providers in carrying out their roles through access to clinical and ethical consultations, adequate supervision and mentoring, a healthy work environment, and sufficient resources
6. Supportive of diversity and cultural safety	• advancing cultural safety: the ability of an educator/practitioner/professional to communicate completely with a patient, understanding their social, political, linguistic, economic, and spiritual needs.
7. Comprehensive	• providing comprehensive services, from knowledgeable and age-friendly primary care and mental health services to specialized geriatric mental health services, while developing intersectoral partnerships and making use of the variety of professionals, resources, and support staff
8. Integrated, flexible, and seamless	• coordinating policy and programs to ensure "every door is the right door" and the right service is offered in the right place at the right time

9. Supportive of mental health promotion	• facilitating the capacity of individuals and communities to take control of their lives and improve their mental health
10. Evidence informed	• taking actions that are evidence-based from multiple sources of knowledge, including lived experience, measured outcomes, and advanced research

A closer look at recovery-oriented practice

The guidelines highlight the importance of including recovery-oriented practice in mental health services to older adults. With a recovery-oriented approach, older adults are supported in:

- maintaining physical autonomy, privacy, and dignity and the greatest possible control over decision making
- retaining social connections and contact with family while encouraging active participation in roles within their community of choice
- preserving timely access to the resources they need to address mental health problems that may emerge as they pass through important transitions, such as retirement, alterations in income level, physical decline, and changing social support networks, including spousal bereavement and increased social isolation.[v]

Although the concept of recovery has been challenged in relation to dementia, because of its degenerative and progressive nature, recent studies underscore the symmetry between recovery-oriented care and the person-centred approaches central to dementia care.[vi] At their core, recovery-oriented approaches support dignity, connection, and choice.[vii]

3. Mental Health Promotion

Mental health promotion supports an individual's capacity to realize their full potential and cope with major life events, while allowing them to draw from and contribute to their communities. It works by means of concrete community action that sets priorities, makes decisions, and plans and implements strategies to achieve better mental health. Mental health promotion also helps address the determinants of mental health, which makes it applicable to all older adults (including those living with or at risk of mental illness). Such promotion can reinforce individual, social, environmental, and structural factors that protect mental health and attend to those that increase the risk of poor mental health. The guidelines recommend anti-stigma promotion, education, and training to develop: personal skills and a better understanding of mental health; community-based strategies to create supportive environments such as age-friendly communities; and the inclusion of mental health promotion and illness prevention activities in all mental health services.

Stigma and anti-stigma

The negative stereotyping of older adults can foster age discrimination, which may affect the priority given to their needs. Older adults who are part of other marginalized groups may experience overlapping stigmas. (For example, those who are visible minorities may experience racism as well as ageism.) In addition, the stigma attached to mental health issues can further contribute to poor overall health.[1]

Education and training to support mental health promotion

Sharing information on the symptoms of mental illness, addictions, and cognitive impairment, while countering the assumption these are part of normal aging (or cannot be treated), is an important promotion strategy. Concepts in health literacy can be used to develop the mental health literacy that is needed for promotion. Yet, to be useful for older adults, such knowledge must be tailored to the diversities of language, literacy, and culture.

Educating health-care providers and front-line workers on the risk factors for mental illness, and the use of screening instruments as part of routine care for older adults at risk, can help broaden understanding. Public awareness and education efforts on suicide prevention, stigma, and mental health promotion (provincially and nationally) can also contribute to improvements in mental health among older adults.

4. Prevention and Early Intervention

Prevention strategies, such as aiding early intervention, identifying risk factors, and building supportive communities, can minimize the rate and impact of mental health problems and illnesses in older adults and reduce the need for hospital-based services. Such strategies can be effectively implemented by service providers, primary care providers, caregivers, family members, friends, and community partners.

Early identification	• The early identification of mental health and neurocognitive problems, when coupled with access to effective interventions, can reduce dementia's functional decline and prevent complications such as delirium. • Early identification can be fostered through information on what to watch for and on effective treatments for older adults as well as by support from families, the general public, and organizations that serve older adults. (Service providers are instrumental in supporting early identification of the full range of mental health and addiction-related problems.)[2]

[1] To learn more about the mental health stigma and how to overcome it, see the Centre for Addiction and Mental Health's free anti-stigma course.

[2] The Mental Health First Aid Seniors course offers helpful information for those who have daily interactions with older adults.

Risk factors	• Risk factors linked to depression for older adults are: poor physical health, pain, and disability that limits their capacity to engage in life (social isolation). Risk factors for mental illness include: the death of an intimate partner; dementia or neurocognitive disorders; a sudden, critical life event such as victimization or a health crisis; or the threat or fear of loss. • Awareness of these risk factors is important when considering and developing appropriate prevention strategies.
Prevention strategies	• Prevention can be initiated by developing communities that are psychologically and physically safe and easily navigated • provide opportunities for social participation and are accessible to older adults with diverse interests and challenges • include older adults in decision-making structures and systems as active agents of change.
Strategies for supporting communities	• Partner with municipalities and voluntary or other community agencies to support recreational programs that give older adults the chance to develop new interests and relationships and strengthen their social, emotional, and physical skills. • Collaborate with community agencies to direct resources toward practical, social, and emotional supports that help individuals manage life changes and deal with financial (or other) stressors. • Develop strategies to limit isolation and increase opportunities for connection among older adults, such as telephone help lines or web-based supports. (Italy's suicide rate dropped 71 per cent among 18,641 elderly service users over an 11-year period when a telephone help line was used in combination with a home visiting service.)[viii]
Prevention strategies and early intervention for cognitive illness	• It is important to raise awareness about risk factors that can contribute to the onset of dementia in later life and develop prevention strategies to address them. Preventing head traumas early in life — for example, by using rules to reduce concussions in contact sports, enforcing laws on the use of seatbelts or driving while intoxicated, and supporting healthy diet and exercise programs that reduce vascular risk factors — is considered essential to prevention.

Prevention strategies and early intervention for cognitive illness *(continued from previous page)*	• Identifying cognitive disorders as soon as possible allows for early intervention and treatment that can slow functional decline and improve quality of life, both for persons who are diagnosed and for their caregivers. • Those recently diagnosed with dementia report benefiting from groups that provide support and information and from memory clubs and early-stage support groups. Groups that encourage older adults to share their feelings (with those who have the lived experience to validate and understand them) and provide information on their condition, how to cope, and the available support and service options are particularly effective. All dementia supports should use a strengths-based approach and focus on the abilities of the person living with dementia. • Programs and strategies to support caregivers can help prevent depression or burnout, improve their capacity to provide care at home, and reduce the use of residential care homes.

5. An Integrated Service System

The guidelines propose an integrative model for mental health services later in life (*see Figure 1*). The ideal model connects older adults with a family physician who provides a continuity of care and coordinates access to a comprehensive network of health, mental health, and social services that spans all levels and intensities of care. This model is intended to be holistic, having services as well as integrating mechanisms and a focus on required functions and outcomes, not systems.

Mental health promotion and illness prevention should be embedded in every aspect of the care continuum, and services should operate under a core philosophy of recovery while being directed by the *Guidelines'* values and principles. Community supports, including initiatives driven by older adults, caregiver support programs, and supportive housing, are important to a comprehensive mental health system for older adults. In an integrated system, all service components should have clear mechanisms for accessing related programs, services, or skills that support an older adult's journey to recovery.

Primary care providers, including family physicians and primary care clinics, are usually the first to see individuals who are experiencing mental health problems. They not only provide care but can also facilitate access to resources that support recovery and family caregivers. To promote early intervention, it is especially important that family physicians and family health teams have the ability to identify mental health problems and illnesses and make referrals to appropriate mental health services when needed. Other front-line services for older adults, such as home care services, adult day centres, counselling services, and emergency services need a similar level of knowledge and skills.

When older adults need mental health support beyond such primary care resources, referrals to the mental health system are normally required. General adult mental health services should have the capacity to provide care to older adults, other than in complex cases when specialized geriatric mental health services are necessary.

Specialized geriatric mental health services can be thought of as a specialty resource which provides collaborative shared care with an individual's primary care team and supports general mental health services through consultation and knowledge translation, increasing their capacity to respond to the needs of older adults. Specialized geriatric mental health services should be able to directly support and offer clinical services to the small percentage of older adults who have complex and severe mental health problems, their families and service providers within community and residential or long-term care settings. In order to do so, specialized geriatric mental health community and outreach services need to be available in each health region. In addition, medium-stay geriatric psychiatry hospital units and longer-stay units for people whose behaviours or complex disorders are beyond the capacity of general mental health staff and resources should be available. While these longer-stay units used to be located in Provincial Psychiatric Hospitals. Ideally in large regional or provincial centres, a specialized geriatric psychiatry day hospital would also be available to reduce the duration of hospitalization and ensure ambulatory rehabilitation services are on hand as an alternative to inpatient rehabilitation. Direct and intensive geriatric mental health care in the community (e.g. Assertive Community Treatment teams) requires significant, additional resources beyond those suggested for geriatric mental health community and outreach teams.

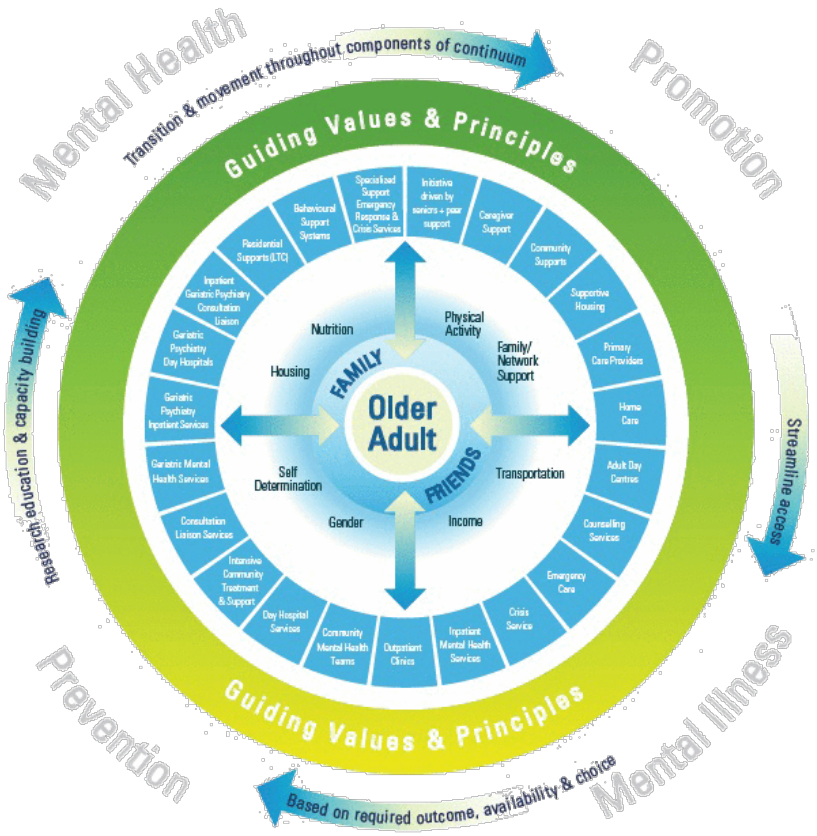


Figure 1. An integrative model for older adult mental health

The importance of family caregivers in shaping an accessible, integrated system

Family caregivers provide more than 80 per cent of older adult care and contribute more than $5 billion in unpaid labour to the health-care system.[ix] Formal services must therefore address caregiver support and include caregivers in decision making at the individual and system levels. Acknowledging the gaps in services and functions will help set priorities that can be addressed through the development of incremental policies and services.

In developing an integrated mental health system for older adults, it is important to consider some key frustrations and concerns family caregivers experience:

- The shortage of information about mental illness, what to expect, and how to manage symptoms.
- Care and services are often fragmented and disconnected, with a lack of continuity.
- Individuals being cared for are over-assessed due to poor communication among service providers.
- The accessibility, availability, and affordability of resources and services.
- The need for flexible home support services.
- Lengthy wait times for services and care.

- Little support for caregivers.
- Unaccommodating policies with little compassion, like the "next available bed" policy that places loved ones in the first available residential care bed regardless of location and distance from families.

In addition to addressing the mental health needs of older adults, an integrated service system must adequately support the mental health needs of caregivers who are vulnerable to elevated levels of stress and depression.[x] In 2012, an estimated 13 million Canadians served as caregivers for a family member or friend, 28 per cent of whom did so for age-related needs, seven per cent for mental illnesses, and six per cent for dementias.[xi] Of those who provided care, 17.5 per cent said their caregiving responsibilities were very stressful.[xii,xiii] In an integrated system, health and social services should formally acknowledge caregiver needs. Practical support such as home support services, equipment and supplies, respite care, day programs, education and skills development, and support groups — all readily accessible to caregivers — would alleviate much of the strain.[3]

Integrating core components

For such a system to work effectively, formalized collaborative relationships are required across core components in all sectors, including clear mechanisms for accessing related programs, services, and skills. These components include community-based services and programs, primary care services, general mental health services, and specialized mental health services for older adults.

The table below shows the types of services to be included under each component:

Community-based services and programs ➢ Initiatives driven by older adults ➢ Community supports ➢ Supportive housing ➢ Caregiver supports	**General mental health services** Crisis, inpatient, outpatient, community mental health teams, day hospitals, intensive community treatment and support, consultation-liaison in hospitals, including those who provide complex continuing care
Primary care services ➢ Primary care providers (family physicians and primary care clinics or health teams) ➢ Home care ➢ Adult day centres ➢ Counselling services	**Specialized geriatric mental health services** • Geriatric mental health community and outreach teams including direct and indirect services to support older adults at home and in residential (long-term) care facilities • Geriatric psychiatry: inpatient and day hospital services

[3] For more information about supporting family caregivers, see the MHCC's *Guidelines for Comprehensive Mental Health Services for Older Adults in Canada*.

➢ Emergency care	• Specialized consultation and support for general mental health services located in hospitals and in the community

All service providers who address front-line needs must be skilled in the early identification of mental illness in older adults, including the psychological and behavioural symptoms of dementia. The capacity and confidence of the primary care system to manage older adults with (or at risk of) mental illness can be increased through access to a variety of educational programs, such as case-based learning and consultation with specialized geriatric mental health clinicians.

6. Implementation Facilitators

Facilitators	Significance	Suggestions for Implementation
Benchmarks	The Guidelines recommend using benchmarks to ensure adequate services to the aging population. Benchmarks can be described as optimal capacity guidelines adjusted to local needs. They can be used as a planning reference point and for identifying populations and service areas that require additional resourcing.	• See Overview of Proposed Canadian Benchmarks (below).
Academic Centres	Universities and colleges play an important role in building capacity for all service systems. The curriculum and the clinical experience provided in training programs have a large impact on the broader field. As a result, academic centres are expected to take a leadership role in the recruitment and retention of geriatric mental health specialists and help them respond to the mental health needs of older adults.	• Undertake a periodic review of curriculum content and resources to ensure the education, training and preparation of all future health-care professionals adequately addresses the mental health needs of older adults.

Cultural Safety	Cultural safety is the ability of an educator/practitioner/ professional to communicate completely with a patient in their social, political, linguistic, economic, and spiritual realms. It requires respect of nationality, culture, age, sex, political and religious beliefs, and sexual orientation. Cultural safety also means that health-care providers recognize their own culture and attitudes in the relationship. A culturally safe and competent mental health system is likely to increase participation by a more diverse range of people.	• Employ mental health workers from ethnoculturally diverse backgrounds. • Train service providers so awareness and responsiveness to diverse needs and strengths become commonplace. • Adopt standards within accreditation bodies and provider organizations that enforce culturally safe and competent practices. • Involve older adults from diverse populations in meaningful policy development, implementation, evaluation, and review.[4]
Partnerships and Collaborations	Communities can pool resources on a wide range of integrated mental health promotion activities[5] able to influence the determinants of mental health. Effective intersectoral collaboration identifies common goals among diverse sectoral partners and co-ordinates planning, development, and implementation of related policies, programs, and services. Partnerships can also maximize collective competence, develop community ownership, establish credibility, and help assure that interventions are accessible and appealing.	• Create consistent communication forums to help partners stay on track, up to date, and feel like they're an active part of the process. • Develop informal and formal agreements to clarify member roles, define resource contributions, and assess program achievements and challenges. • Orient staff to new partnerships and programs, and clearly define roles and key relationships. • Recognize the efforts of partners, staff, and volunteers, and share publicity from program success.
Technology	Since the complex issues affecting older adults often require services that cross sectors and involve multiple parties, good	• **Electronic Health Records** EHRs simplify processes for families and avoid over-

[4] Learn more about this issue in the MHCC's 2016 report, *The Case for Diversity: Building the Case to Improve Mental Health Services for Immigrant, Refugee, Ethno-cultural and Racialized Populations*.

[5] See, for example, *Better Together: Integrating Mental Health Services and Agencies for Children and Youth* from the Ontario Centre of Excellence for Child and Youth Mental Health, which includes extensive resources on collaboration and service integration that can be adapted for older adults.

	communication and patient-centred care become imperative. Technology can facilitate communication and create a more accessible and comprehensive system.[6]	assessment through a single collaborative file for each individual. They support service providers by providing the most up-to-date, relevant information on each individual. • **Telenursing** Offering nursing services by telephone can relieve some of the pressure on hospitals, emergency departments, walk-in clinics, and physician's offices. • **Telepsychiatry** Psychiatric services via electronic means of communication (telehealth) bridge the distance and Human Resources shortages that are common in rural and remote areas. • **Systems Navigation** Information phone lines and web portals help service providers and clients access accurate information. Resources, community size, and other factors will determine the most effective type of service to use.

[6] Learn more about using technology to support mental health with the MHCC's e-mental health toolkit.

Overview of proposed Canadian benchmarks

Services	Benchmarks per 10,000 older adults	Descriptions
Seniors mental health outreach and community teams*	5.5 FTE health-care professionals	Provides functions outlined in a 2004 Ontario Ministry of Health policy document, including consultation-liaison services to residential (long-term) care homes, collaborative/shared care in community settings and capacity-building models of care. These teams can only provide time-limited direct care services.
Intensive community treatment and support	5.25 FTE health-care professionals	Psychogeriatric assertive community transition team (as modelled in Ontario) or assertive community treatment for older adults with persistent and severe mental illness.
Acute, short-term inpatient psychiatric beds	3 beds	Usually located on a general acute care psychiatric inpatient service, ideally with a geriatric psychiatrist's consultation/support and an average stay of approximately one month.
Specialized (medium stay) geriatric psychiatry inpatient (hospital) beds for assessment and active treatment	3.3 beds	Geriatric psychiatry beds for older adults who require intensive treatment and the expertise of a specialized geriatric team in hospital, with an average length of stay below 90 days.
Residential mental health beds (non-hospital)	7.5 beds	Longer-term stabilization and treatment for those with severe and persistent behavioural and psychological symptoms of dementia on a specially designed unit in a long-term care facility.
Specialized geriatric psychiatry inpatient beds (long stay, over 90 days).	**	For example, rehabilitation or chronic care beds in a psychiatric hospital (or in other supportive housing) for those with severe and persistent psychotic disorders.

A call to action

Creating an integrated and comprehensive system that spans the service continuum from mental health promotion to acute care, as proposed in the MHCC's Guidelines, will take incremental changes in policies, service planning, funding models, awareness, and understanding. Also essential are collaborative processes across all sectors, including primary care, community-based services and programs, and both general and specialized seniors mental health services. Actively engaging older adults in these transformations is key to successfully implementing the proposed model and understanding how barriers and shortfalls in the current system can be overcome. Lived experience will help identify gaps and build on assets as we move toward a more integrative and supportive system where the mental health needs of our aging population are adequately addressed.

Service providers, front-line staff, family caregivers, and policy makers need to work together to continue deepening their understanding of the mental health needs of older adults and achieve the vision for change proposed in the Guidelines. Sharing and discussing the Guidelines with others can be the first step on the journey of change.

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