

**THE CANADIAN ACADEMY OF GERIATRIC PSYCHIATRY
AND
CANADIAN COALITION FOR SENIORS MENTAL HEALTH**

ORAL PRESENTATION

To the Standing Senate Committee on Social Affairs, Science and Technology

**Mental Health and Mental Illness
Seniors Roundtable
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INTRODUCTION:

Good afternoon, my name is David Conn; I'm a geriatric psychiatrist working at Baycrest Centre in Toronto. I'm President of the Canadian Academy of Geriatric Psychiatry (CAGP) and co-chair of the Canadian Coalition for Seniors Mental Health (CCSMH), which represents more than 65 organizations from across the country. We would like to thank the Committee for inviting us to present on the unique issues facing seniors' mental health. With the rapid growth of the aging population there will be an unprecedented increase in the number of seniors with mental illness, with an equally striking demand on the system's capacity to address their needs.

I would first like to underline some key issues for this population:

1. Seniors suffer from a wide array of mental illnesses including Mood, Anxiety, and Psychotic Disorders and in addition the emotional, behavioural and cognitive complications of a variety of brain diseases such as Alzheimer's disease, Stroke and Parkinson's disease.
2. Mental disorders among seniors are frequently misdiagnosed or missed altogether.
3. There are very high rates of mental disorders among certain groups eg the residents of LTC facilities or seniors suffering from chronic physical illnesses. Behavioural symptoms such as physical aggression or agitation frequently have serious consequences including injury, caregiver distress and premature institutionalization.
4. Caring for seniors is often a complex affair. Older seniors are commonly frail, have coexisting health conditions and are frequently taking multiple medications.
5. We do have effective treatments but those in need often don't receive them. On the other hand inappropriate or suboptimal use of psychoactive medications is an issue of major concern. This can represent either overuse or in some cases underutilization of medications.
6. There is a distinct lack of public awareness about these issues.
7. Training of frontline staff is often woefully inadequate, although there are some recently developed model programs in a few areas of the country, which are demonstrating some success.
8. Family caregivers experience extraordinary levels of stress over long periods of time.
9. There is a desperate need for available mental health services for seniors, which must be comprehensive, coordinated and integrated with the rest of the health care system.
10. There is a particular need for effective Community outreach services so that seniors who require assessment and treatment in their homes can be adequately cared for.
11. There is a serious lack of research and information regarding this population.
12. Primary prevention is a vitally important goal but effective strategies remain somewhat elusive.

We would like to begin by suggesting that the Federal Government in collaboration with the Provinces and other key stakeholders jointly develop a National Action Plan for Mental Illness and Mental Health. Within that Plan there needs to be a specific focus on seniors and their unique needs and issues.

I would like to focus our attention to the following areas:

- Public Awareness
- Education
- Systems of care
- Human Resources
- Research
- Caregivers

In each area we would like to put forward 1 or 2 suggestions for your consideration.

PUBLIC AWARENESS

There is a growing need for public education about mental problems associated with aging. Mental illness is not a natural part of aging, nor does it have to be seen as shameful or an embarrassment. A lack of knowledge regarding early “signs” of mental illness and effective treatments prevents seniors and their families from accessing much needed services on a timely basis. Indeed early identification contributes to better treatment outcomes. For example, timely diagnosis can allow for the use of newly discovered therapies, which can slow the progress of Alzheimer’s disease. In addition early identification of depression may reduce morbidity and also decrease the incidence of suicide in seniors. It is very important to note that the incidence of suicide among men 80 years of age or older is the highest of all age groups in Canada !

Recommendations

We recommend that the Federal Government provide funding for the development of a public education campaign (in collaboration with multiple stakeholders e.g. CCSMH, CAGP, others) to increase awareness of mental health concerns in seniors.

EDUCATION

The number of health care professionals with training in geriatrics is completely inadequate. We need to ensure that geriatric education is part of the core curriculum for all health care disciplines and receives appropriate emphasis. Geriatric specialists are currently in short supply and demographic trends will further exacerbate the situation.

In long-term care facilities 80% of residents suffer from some form of mental disorder. Indeed nursing homes have been termed the modern mental institutions

for the elderly. Yet staff in these facilities receive very limited training with respect to mental health problems.

Recommendations

Educational strategies are especially needed which target frontline workers in both the community and in institutions. This could be achieved through collaboration of the Federal government, Canadian Council on Health Service Accreditation and other key stakeholders. The minimum standards defined within the accreditation guidelines should include a specific number of hours of education for all staff in long term care facilities and home care agencies.

SYSTEMS OF CARE

There are vast discrepancies in the availability of mental health services between different regions of the country, with very limited availability in rural areas and smaller cities. In most regions, services that do exist are poorly coordinated, not comprehensive and do not have the capability of serving multicultural communities. Community outreach is an essential component of geriatric care, as many seniors are reluctant or unable to leave their homes. Telehealth allows specialized assessment and education to reach remote areas.

Recommendations:

We would like to see sponsorship of a national “Best Practices” conference focusing on seniors’ mental health – so that we can all learn from the best of what is available across the country.

A national committee should be created to develop evidence-based guidelines (or standards) on Assessment, Treatment and Service Delivery Models. Funding should be made available to support the development, dissemination, implementation and evaluation of these guidelines.

We also recommend provision of financial support for Geriatric Telehealth initiatives, which can provide remarkably effective mental health consultation and education to rural and remote areas of the country.

HUMAN RESOURCES

The members of our Coalition and Academy believe that one of the most significant barriers to seniors’ mental health is the shortage of human resources. It is difficult to recruit and retain qualified staff. Long Term Care settings are particularly vulnerable to high rates of staff turnover. More information is needed regarding the specific human resources that are required to effectively deliver care; and how we can create work environments that will attract qualified professionals and front line workers.

Recommendation :

We recommend support for a national health human resources strategy that includes issues specific to seniors' mental health. The strategy should address supply, distribution, recruitment and retention strategies, remuneration and credentialing.

RESEARCH

There is currently relatively little research being conducted in Canada on seniors' mental health. Although there is some very limited funding for Alzheimer's disease, much more is needed for the full array of mental health issues. There is no organized research agenda that focuses on seniors' mental health. Furthermore, there is very little data collected nationally to allow us to understand the incidence and prevalence of various disorders as well as the outcome of treatments and programs for seniors' mental health.

Recommendations

We recommend that a workshop be supported by the Federal Government and coordinated by key stakeholders (CCSMH, CAGP, others) to establish seniors' mental health research priorities. The results of the workshop should lay the foundation for targeted funding for geriatric mental health research. This should be supported through Canadian Institutes for Health Research (CIHR) and Canadian Health Services Research Foundation (CHSRF) with the goal of enhanced funding for basic, clinical and health systems research.

The Canadian Institute for Health Information in collaboration with the provinces and territories should be encouraged to create a working group to collect data specifically related to seniors' mental health, in both community based and long term care settings.

CAREGIVERS

Family caregiving is a tremendous task; it places immense demands on time, resources and emotions. Due to the enormity of the task, caregivers of older people have very high rates of depression. The economic value of family caregiving is enormous. Family caregivers provide the majority of long term care in Canada and save billions of dollars for the public system. However, supports to family caregivers are limited, usually insufficient and mostly geared to the needs of the ill family member, not to the needs of the caregiver.

Recommendations:

We recommend the provision of family caregivers with the necessary supports to successfully provide care, including sources of relevant and meaningful information and the availability of appropriate levels of respite care and homecare.

We also recommend the provision of tax credits or tax breaks to reflect actual costs for out of pocket expenses incurred by caregivers.

It is also important to continue to review and make change to employment insurance, pension plans and labour codes to accommodate caregivers' needs to take time off work when necessary, without risking job loss.

I would like to end with a quote from C. Everett Koop (a U.S. Surgeon General):

“The capacity of an individual with mental or behavioral problems to respond to mental health interventions knows no end-point in the life-cycle.”