Mental Health Commission of Canada

Development of a Mental Health Strategy for Canada – Phase II

Roundtable Meeting on Seniors' Mental Health

April 26-27, 2010, Ottawa

Roundtable Highlights Report

Prepared May 13, 2010 by

ascentum

1. Participant Profile: Twenty six participants attended the roundtable, representing all regions of Canada. 'Baby boomers', those aged 45-64, made up the largest age group at 70.9%. Only 4.4% of participants were over 75, while 8.8% were 34 or younger. When asked about their primary perspective, the three largest groups were health and social service professionals (43% of participants), family members or friends (17%), and people living with mental health problems or illnesses (13%). Responding to a question about their secondary perspective, 38% self-identified as academics or researchers, 25% as family members or friends, and 17% as 'others', which included members of community organizations/NGOs, and concerned individuals.

2. Key Issues

Summary of participants' recommended actions and approaches in response to the key issues discussed:

1. **Designing mental health policy and services to include the unique mental health needs of seniors:** Need more attention on training future caregivers (curricula); need greater clarity on where Dementia fits in the mental health strategy; address cultural Issues (language); embrace situational/transitional phases of life (e.g. loss, retirement); standards of care need to be clear; seniors' lens to be applied to everything, to ensure that their needs are met.
2. **Improving the capacity of the health care system to meet the complex cognitive, mental and physical health problems of seniors:** Collaboration and continuity will lead to improved care; more holistic and integrated approaches to care needed; improved education in medical schools/colleges to deal with complex cognitive, mental and physical health problems; knowledge mobilization missing and needs to be integrated; supports and services unavailable in many communities (due to funding, culture, geographic, informational/knowledge); training has to work both ways (older people need to be trained to deal with home support workers from different cultures); broaden home care criteria to allow those with mental health problems/illnesses to access care; much stronger language on addictions needed.
3. **Paying more attention to promotion, prevention and early intervention for seniors:** Involve/respect family and patient in decision-making processes; make communities seniors-friendly (e.g. public transportation options, benches); greater collaboration and continuity of care needed between community services and physicians; address proximal factors that impact seniors (societal, environmental factors); link physical and mental health and prevention; spread knowledge that early interventions needed for depression; lack of assessment for mild cognitive impairment.
4. **Addressing the particular concerns of family caregivers of seniors with mental health problems and illnesses:** Engage patients, families and caregivers in care plans; develop a federal

mental health act with an independent auditor; create a civilian watchdog position with real powers; challenges of trying to help individual who does not want help; do not assume that families will always be involved in all processes; importance of families monitoring / observing changes and informing doctors.

5. **Reducing the double stigma of mental illness and ageism:** Fight stigma nationally, in all sectors (schools, police, government) through mass media campaign; educate and train people to overcome fear of doing the wrong thing (now they back off rather than being proactive); double stigma: older people grew up with prejudices about older people; ageism is huge.
6. **Preparing for the next generation of seniors:** Next generation will not have good incomes due to current economic crisis; unique situation of LGBTTQ community needs to be addressed; Baby Boomer panache for alternative medicine needs to be addressed; Diabetes and vascular issues may be more prevalent than dementia.
7. **Other Issues:** Be aware of the interconnectedness of the 18 themes; greater community emphasis; increase workforce capacity to deal with seniors; ensure financial resources for seniors are addressed (as one of the social determinants of health); address cultural/geographic issues; do more promotion/prevention when people have major health issues (develop a tool kit); suicide is underreported and overlooked amongst seniors / must be addressed.

The first keypad exercise showed strong levels of support for the key issues identified by the Commission, with each issue being considered 'important' or 'very important' by over 90% of participants. "Improving the capacity of the health care system to meet the complex cognitive, mental and physical problems of seniors" received unanimous support – all thought it was very important. Likewise, all participants rated "designing mental health policy and services to include the unique mental health needs of seniors as 'important' or 'very important' (Figures 1.2, 1.1). While 96% of participants agreed that "reducing the double stigma of mental illness and ageism" was 'important', a smaller majority (57%) indicated it was 'very important' (Figure 1.5).

Overall pre and post voting (before and after table and plenary discussions) on whether the issues identified captured what needs to be addressed to develop a strategic plan for seniors' mental health revealed an increase in the percentage of those who 'agreed' or 'strongly agreed,' moving from 79% to 91% of participants. There was also a decline in the percentage of people who somewhat disagreed (Figure 1.7).

3. Strategic Directions

Summary of participants' recommended actions and approaches:

1. **Address the specific needs of seniors with mental health problems and illnesses:** increase seniors' participation in planning, policy development, implementation and evaluation; adopt a collaborative learning approach for service providers; strengthen research and knowledge exchange; operationalize (get policies into action); focus on what's common with other MH groups; recognize diversity (in general, and within seniors); educate families and general public.
2. **Improve the capacity of all health care services to address the complex cognitive, physical and mental health needs of seniors:** recognize and address diversity of consumers' needs and realities; adopt a lifespan approach to mental health; prevent serious MH illnesses through early identification and intervention; harness technology for change.
3. **Improve mental health promotion and illness prevention for seniors**: address need for senior-specific MHP-MIP resources; create senior-friendly communities to ensure autonomy; improve and utilize tools and assessments; ensure ongoing support; broaden the definition of mental health promotion; address the social determinants of health.

4. **Increase involvement of and support for family caregivers of seniors with mental health problems and illnesses:** develop system navigation options; provide flexible and responsive financial support; acknowledge the unique experience of caregivers with MH issues and seniors with children who have MH issues; ensure effective education for families and general public; address elder abuse and neglect.
5. **Reduce the double stigma of aging and mental illness:** address self-stigma as a great barrier to treatment; develop anti-stigma campaigns, both inside and outside the health care system, addressing mental health and aging; address stigma in ethnic communities; ensure education for seniors, community, family, caregivers to identify intervention points; be mindful of not excluding some seniors by attending to how recovery and wellbeing are articulated.
6. **Other Issues:** adopt a holistic approach to care; recovery is hard to sell to some seniors, so ensure well being is included; balancing responsibility and risk must not become a barrier to change; acknowledge that there are different perspectives on how to categorize dementia vis-à-via mental health; use clear language in background paper to avoid confusion.

Final voting on each strategic direction showed high support; each was deemed to be 'important' or 'very important' by over 90% of participants. Support for strategic direction one (addressing the specific needs of seniors with mental health problems and illnesses) and two (improving the capacity of all health care services to address the complex cognitive, physical, and mental needs of seniors) was particularly high, voted by participants to be 'very important' by 87% and 92% respectively (Figures 2.1, 2.2). Overall, 89% of participants 'agreed' or 'strongly agreed' that the strategic directions identified captured what needs to be addressed to develop a strategic plan for seniors' mental health (Figure 2.6).

4. Priority Actions: Each participant had an opportunity to put forth a concrete action to advance a strategic plan for seniors' mental health. The principal clusters of priorities were: need for collaborative and integrated care models; coordinated (early and ongoing) support / resources for and involvement of seniors/families and caregivers; advocacy for increased funding; knowledge exchange and transfer among providers, families and seniors themselves; and social marketing / public education about seniors' mental health needs. Other priorities included: recognizing and supporting the unique situation and needs of Aboriginal seniors with mental health issues; determining how dementia and addictions should be treated within a mental health strategy; embedding seniors' mental health needs within an overarching 'Aging Well' strategy, and ensuring that people have living wills and legal documentation concerning their mental and physical care should they become incapacitated.

5. **Participant Evaluations**: The evaluations were very positive. The vast majority of participants 'agreed' or 'strongly agreed' with the statements on the logistics of the roundtable, including the facilitation and the facilities. There were three who indicated that the roundtable length was either too long or too short. There was marginally less agreement on having enough time for informed discussion on the focus questions. Participants were generally very happy with their experience, with the biggest area of disagreement the perceived lack of diversity in the room. Many were appreciative of the opportunity to provide input, and want to remain actively engaged in the next steps of the strategy process.

Fig. 1.1 – Q1/6: Designing mental health policy and services to include the unique mental health needs of seniors.

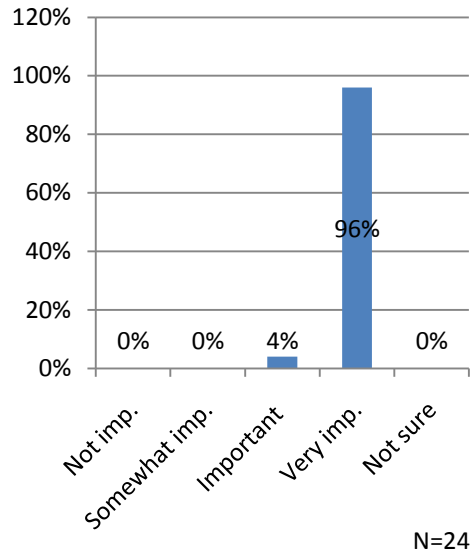


Fig. 1.2 – Q2/6: Improving the capacity of the health care system to meet the complex cognitive, mental, and physical health problems of seniors.

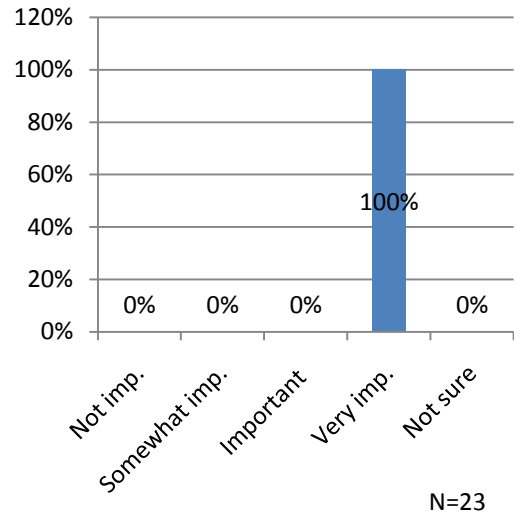


Fig. 1.3 – Q3/6: Paying more attention to promotion, prevention, and early intervention for seniors.

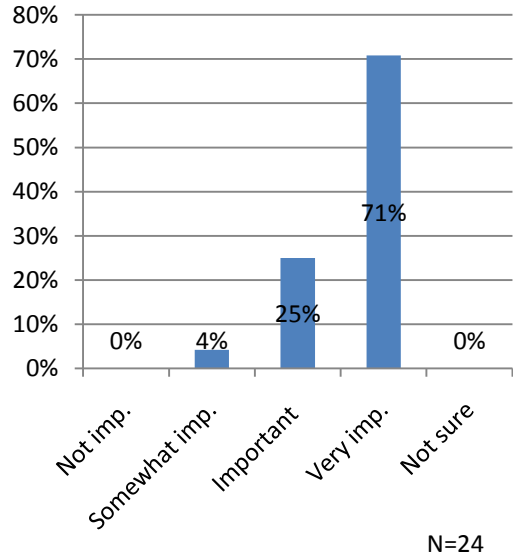


Fig. 1.4 – Q4/6: Addressing the particular concerns of family caregivers of seniors with mental health problems and illnesses.

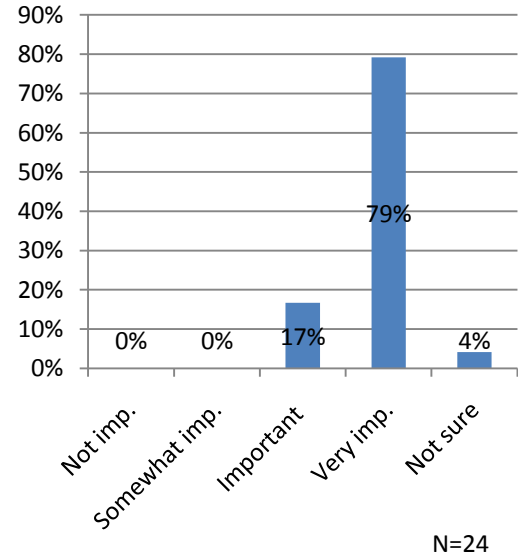


Fig. 1.5 - Q5/6: Reducing the double stigma of mental illness and ageism.

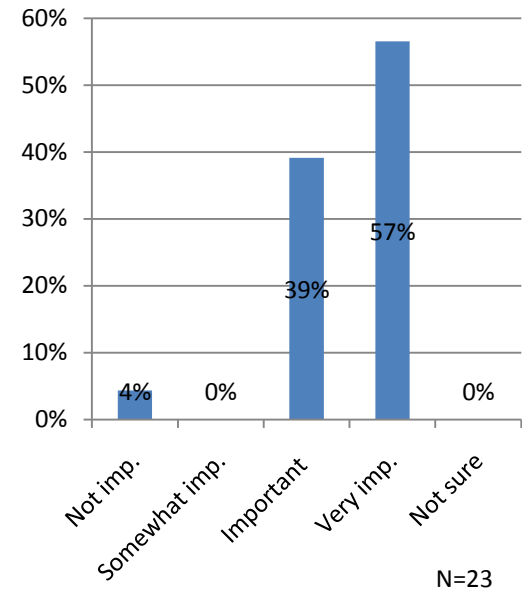


Fig. 1.6 - Q6/6: Preparing for the next generation of seniors.

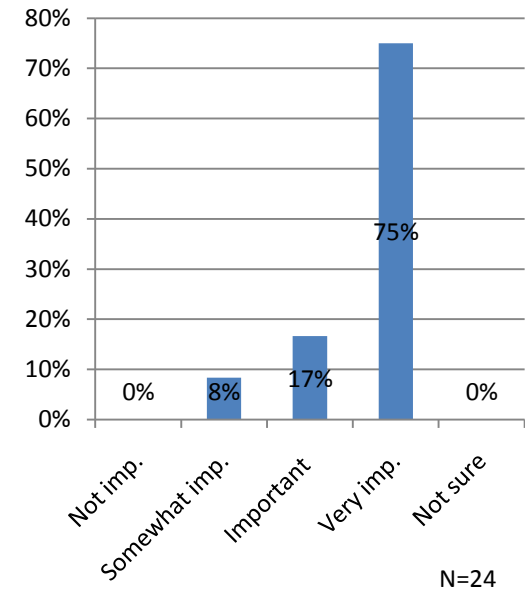
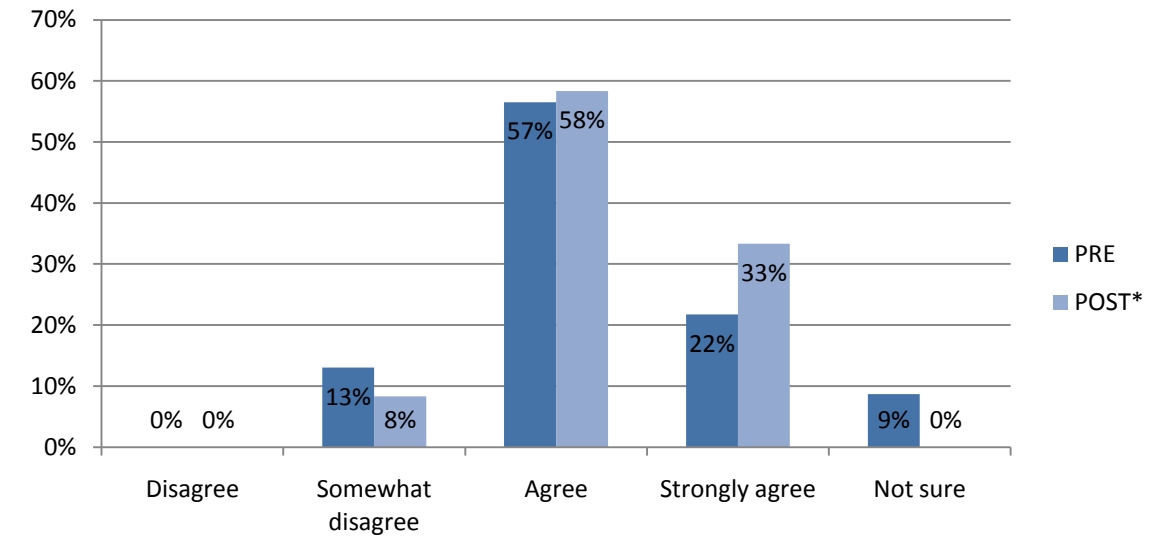


Fig. 1.7 - COMPARISON Overall, the issues identified capture what needs to be addressed to develop a strategic plan for seniors' mental health



N=23, *N=24

Fig. 2.1 – Q1/5: Address the specific needs of seniors with mental health problems and illnesses.

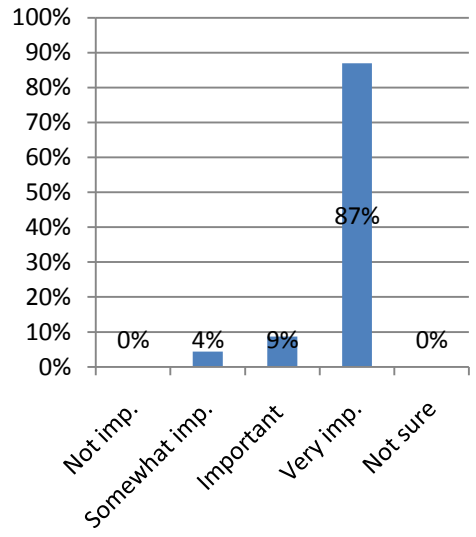


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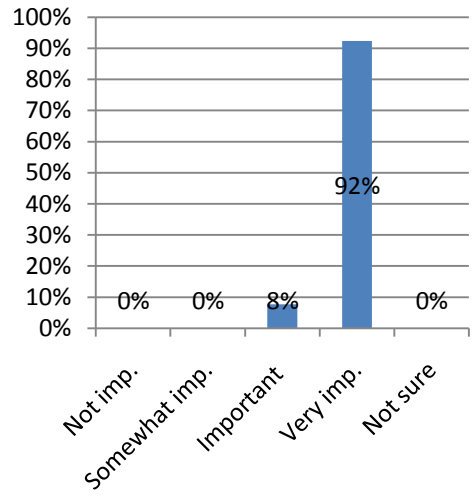
Fig. 2.2 – Q2/5: Improve the capacity of all health care services to address the complex cognitive, physical, and mental needs of seniors.



N=26

Fig. 2.3 – Q3/5: Improve mental health promotion and mental health prevention for seniors.

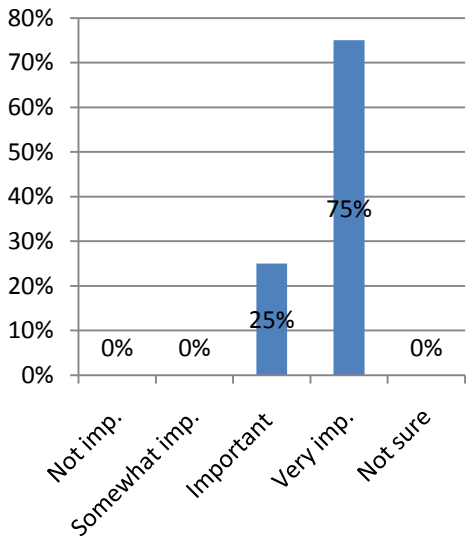


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Fig. 2.4 – Q4/5: Increase the involvement of and support for family caregivers of seniors with mental health problems and illnesses.

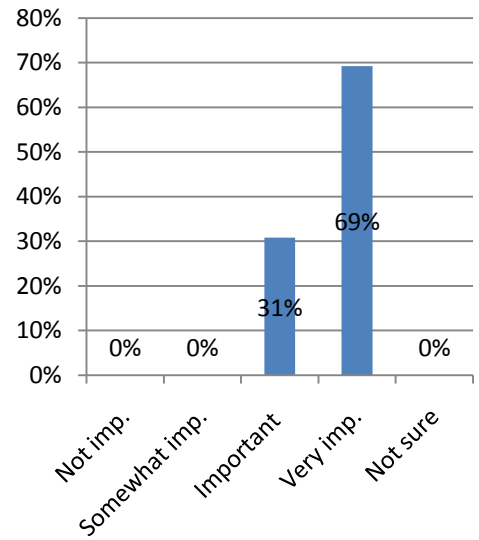

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Fig. 2.5 - Q5/5: Reduce the double stigma of aging and mental health problems and illnesses.

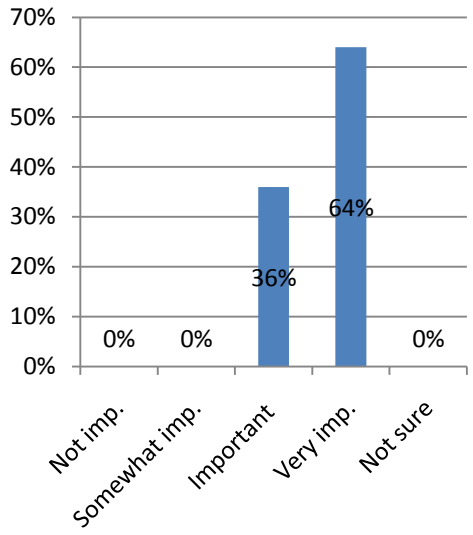

Fig. 2.6 - Overall, the strategic directions identified, including the contributions of the Roundtable, capture what needs to be addressed to develop a strategic plan for seniors' mental health.