



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Guidelines for comprehensive mental health
services for older adults in Canada

Executive Summary

Introduction

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These [Guidelines for Comprehensive Mental Health Services for Older Adults](#) present a model for a comprehensive, integrated mental health service system for older Canadians, as well as service benchmarks to provide concrete reference points for planning purposes. The model and benchmarks are considered within the context of guiding values and principles important to Canadian seniors, as well as key concepts such as mental health prevention, promotion, and recovery.

These Guidelines are intended to support policy makers, service planners, and advocacy organizations working to ensure that all older Canadians (both those living with a mental health problem or illness and those at risk of developing one) receive the range of supports they need. While these Guidelines may also inform service providers making innovations in their own practice or engaging in creating a better system of care, they are not intended to provide clinical guidance.

It should also be noted that in these Guidelines, mental illnesses include Alzheimer's disease and age-related dementias, serious and persistent mental illnesses complicated by aging issues, and mental illnesses that occur for the first time in old age.

The Guidelines are available at www.mhccseniorsguidelines.ca in an interactive version that offers links to additional resources.

The views represented herein solely represent the views of the Mental Health Commission of Canada.
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Background & development of the Guidelines



The Canadian population is aging, a process that is currently undergoing a rapid acceleration as the baby boom generation moves into older age, and is also influenced by increased life expectancy and decreased fertility (Carstairs & Keon, 2009). If left unaddressed, this trend will have far-reaching social, economic and political impacts, including an increasing number of seniors who are at risk of experiencing mental health problems. These Guidelines present an opportunity to address concerns with the current health and mental health system from the perspective of older adults and provides recommendations for moving toward a transformed mental health system that supports older adults in their journey towards recovery and well-being.

The development of these Guidelines was overseen by representatives from the Mental Health Commission's Seniors Advisory Committee, Science Advisory Committee and Mental Health Commission staff. Between June 2009 and January 2011 the project team engaged stakeholders (older adults with lived experience, caregivers, service providers, program planners, policy makers and educators) from across the country to build an understanding of the changes required to create a comprehensive mental health system for older adults. In addition to the information gathered from stakeholders, a review of academic literature and government documents (international, national and provincial) was completed. Based on this evidence, a model was developed to depict an integrated and comprehensive mental health service system for older adults.

Guideline content



The full document has been organized into three separate parts. Each section includes evidence-based recommendations highlighted in grey boxes. View the full Guidelines document at mhccseniorsguidelines.ca.

Part I: Framing the Context – Key Factors to Consider in Planning a Comprehensive Integrated Mental Health System for Seniors

Part I sets the context and explores the key factors that should be considered when planning a mental health service system for older adults. Of particular note are the guiding values and principles that underpin all of the recommendations and content of this document. Part I also includes recommendations about the determinants of mental health, mental health promotion and prevention and early identification of mental health problems.

Part II: An Integrated Model for Mental Health Services in Late Life

Part II focuses on the services required to support adults in later life. This includes the model for mental health services in later life and descriptions of the functions of each resource. Additionally, Part II offers staffing benchmarks for specialized seniors' mental health services and a discussion on how to apply the benchmarks.

Part III: Facilitators of a Comprehensive Mental Health Service System

And finally, Part III discusses the mechanisms that facilitate a comprehensive mental health service system. This includes recommendations about cultural safety, diversity, the role of caregivers and service delivery models.

Summary of recommendations

Detailed recommendations and supporting evidence are provided throughout the Guidelines. Below is a summary of key recommendations.

1. Those planning a comprehensive integrated mental health system must understand the diversity amongst seniors, must understand the local context and resources, and must consider the need to modify existing practices and relationships to achieve a transformed system.
2. Policies, programs and services that affect seniors should be assessed with the Seniors Mental Health Policy Lens (MacCourt, 2008) to ensure that they reflect the guiding principles and values outlined in these Guidelines.
3. Mental health promotion should be embedded in all policies, programs, and services for all older adults (including those with mental illness) and their caregivers, and encompass anti stigma strategies, public awareness, education, and training.
4. Older adults, caregivers, service providers and the public should be informed about the importance of early identification of symptoms of mental illness, prevention strategies and the hope for recovery and well-being.
5. A transformed mental health system is recovery oriented, supports caregivers and provides information to the public and service providers about the journey towards recovery (hope, choice, empowerment) and well-being for older adults living with mental illnesses.
6. The specific components of an integrated mental health service system for older adults may vary according to local context and resources, but all service systems should provide access to the following range of services for the entire senior population: community-based support services, primary care services, general mental health services and specialized seniors mental health services (including specialized community and outreach services to residential care facilities as well as specialized geriatric psychiatry inpatient services). Most importantly, there should be clear mechanisms in place to facilitate collaboration and access between services in order to achieve a comprehensive, efficient system that is integrated and more responsive to the needs of older persons, and focuses on recovery, well-being, and choice for older adults and their caregivers.
7. Benchmarks should be used to review existing services and staffing levels and guide future allocation and deployment of resources, taking into account the size of the population, existing gaps in services and bottlenecks, as well as the priorities of the community.
8. To facilitate a comprehensive mental health service system, cultural safety and diversity must be embedded in structures, programs, policies and services.
9. Caregivers must be considered active partners in the journey towards recovery and well-being, and their roles must be supported and valued in programs, policies and services.
10. Transformation of a mental health service system must include training, education and support for caregivers and health care providers to increase their capacity to respond to the mental health needs of seniors.

An integrated model for mental health services in late life

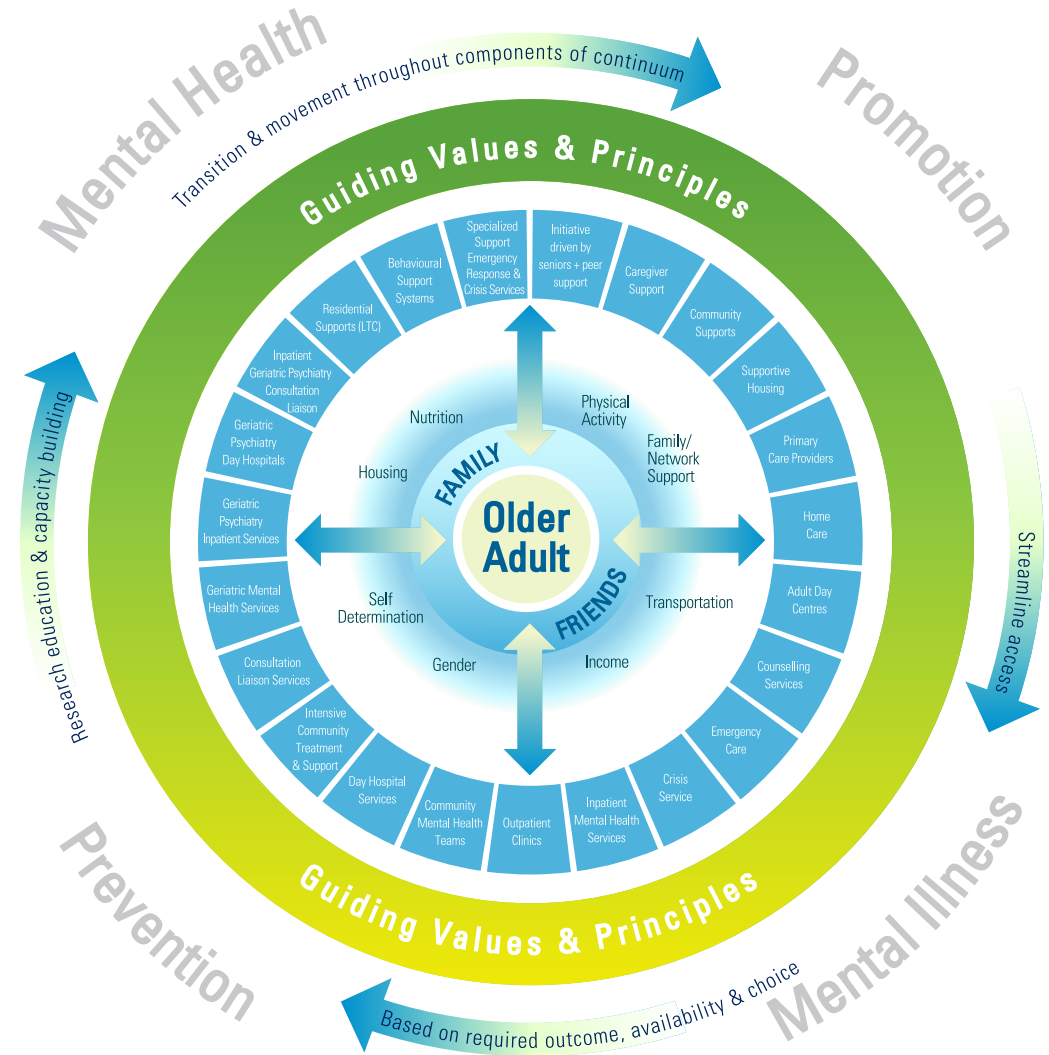
The following values and principles are intended to guide the development of policies, programs and services that promote and support the mental health of older adults as well as programs and services that treat mental health problems and illnesses. Each of the principles and values can be translated into concrete action.

Individual Level Principles & Values

- Respect and dignity
- Self determination, independence & choice
- Participation, relationship and social inclusion:
- Fairness and equity
- Security

System Level Principles & Values

- Accessible
- Person- and relationship- centered
- Recovery-focused
- Support for family/caregivers
- Education and support for service providers
- Diversity and cultural safety
- Comprehensive
- Integrated flexible and seamless
- Mental health promotion
- Evidence informed



Staffing benchmarks for specialized seniors' mental health services

This model is designed to reflect the belief that mental health promotion should permeate and drive all aspects of the continuum, and that services should operate with the philosophy of recovery at their core.

The proposed integrated service model for mental health incorporates the philosophy of recovery and well-being to outline the functions required to support people living with mental illness and to prevent illnesses and promote good mental health for all seniors.

All services should be guided by the values and principles that underpin these Guidelines, which allows for flexible interpretation of the recommendations while maintaining their integrity. The centre of the model also reflects the belief that the social determinants of health influence the need for and access to the continuum of services. It also highlights the need for education and support for all participants in the continuum (older adults, family and other informal caregivers as well as health care and other service providers).

The service benchmarks presented in this document were informed by an international cross-jurisdictional review of the capacity benchmarks of publicly funded specialist mental health services for people age 65 and over (Finlayson & Durbin, 2010).

Only 4 jurisdictions with service benchmarks were identified: New South Wales, Australia; New Zealand; British Columbia; and Ontario. The benchmark recommendations from the jurisdictions reviewed were aligned as closely as possible with comparable services in the continuum presented opposite, and reported in the table on the following page.

Each benchmark was standardized to a common metric of 10,000 elderly to facilitate comparisons. The table on the following page lists proposed benchmarks for specialized seniors' mental health services in Canada. Please refer to the complete Guidelines for a detailed discussion on applying the benchmarks. www.mhccseniorsguidelines.com.

Staffing benchmarks for specialized seniors' mental health services

Service	Benchmark per 10,000 elderly	Notes / Description
Seniors' Mental Health Outreach and Community Teams*	5.5 Full Time Equivalent (FTE) health 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 professionals	Psychogeriatric Assertive Community Transition Team (as modeled in Ontario) or Assertive Community Treatment for seniors with persistent and severe mental illnesses.
Acute, short-term Psychiatric beds Inpatient	3 beds	Usually located on a general acute care psychiatric inpatient service, ideally with geriatric psychiatrist consultation/support and average length of stay of approximately 1 month.
Specialized (Medium Stay) Geriatric Psychiatry Inpatient (Hospital) beds for Assessment & Active Treatment *	3.3 Beds	Geriatric psychiatry beds for seniors 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	This is for longer term stabilization & treatment for those with severe & persistent behavioral 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.

* Core service

** A target of 3 beds/10,000 elderly suggested in previous (BC) benchmarks but this target can be lowered to less than 1/10,000 if Residential Mental Health Beds (described above) are available.

Conclusion

The Guidelines for Comprehensive Mental Health Services for Older Adults provides up-to-date information regarding a comprehensive range of mental health services to support the needs of a growing aging population within the diverse Canadian context, accompanied by concrete service benchmarks.

Given resource constraints faced across jurisdictions, it is understood that it will not be possible to meet every component of the proposed model and benchmarks; however, it is hoped that these Guidelines can provide planners with key reference points in their ongoing efforts to build upon existing resources.



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