



Position Paper

Education and Training for Service and Housing Providers working with Older Adults with Mental Health Issues

In partnership with:



Education, training, and resources need to be made available to staff at housing providers and community agencies working with older adults with mental health issues.

Preface

The older adult population in Calgary is growing quickly as the first wave of the baby boomers reached 65 in 2011. As of the 2016 census, there were 138,405 individuals over 65 in Calgary, or 11% (Statistics Canada, 2017). Projections estimate that by 2026, there will be 206,000 individuals over 65, and by 2042, 287,000, or 15% of the population, will be over 65. (City of Calgary, 2017; City of Calgary 2016).

Services and programs, especially for vulnerable older adults, will need to keep up with this increase in demand. Conscious of this, the Older Adult Council of Calgary created a series of position papers to look into key issues of concern to this growing population, with a focus on more vulnerable older adults. This paper focuses on the education and training needs of the workforce that helps care for older adults with mental health issues. In this position paper, we are not considering dementia as part of mental health issues. Much work that has been done on these cognitive conditions and less on more traditional mental health issues (depression, delirium, anxiety, severe and persistent psychosis, etc.)

Introduction

Older adults with mental health issues are often a forgotten population. Older adults suffer from mental health issues at the same rate as the general population—approximately 20%, including dementia but excluding delirium (Jest et al., 1999). Between 1% and 2% of the population are affected by persistent psychotic disorders, including schizophrenia and delusional disorder (MacCourt et al., 2011). Based on these percentages, in Calgary, there currently could be an estimated 1,385 to 2,770 seniors who are living with persistent psychotic disorders, while some 27,700 could suffer from some form of mental illness. Research has shown that geriatric mental health training and education for staff in long-term care communities can improve job satisfaction and working conditions, and, therefore also the quality of life for residents (Cassidy and Sheikh, 2002; Brodaty et al., 2003).

Seniors' housing providers and senior-serving community agencies need their staff to understand the responsive behaviours of older adults with mental illnesses and how best to identify, refer for treatment and communicate with these people.

DEFINITIONS

Psychogeriatric

This term refers to the relatively recent branch of psychiatry that deals with behavioral and emotional disorders among the elderly, brought on by a pre-existing or a new mental illness.

Responsive Behaviours

Responsive behaviours refer to problematic or disruptive behaviours that older adults with dementia, mental health, substance use and/or other neurological disorders can exhibit. This is the preferred term to describe how actions, words and gestures of older adults are a response to something important in their personal, social or physical environment (Alzheimer Society of Ontario, 2014).

Moral Distress

Moral distress can be defined when “an individual identifies the ethically appropriate action but that action cannot be taken” (Epstein and Delgado, 2010). For example, if a community agency worker visits

an older adult and can see they need supports for addictions or mental health issues, but the older adult refuses the support, moral distress can occur for the worker who knows their life could be better.

Older Adult Care Workforce

Care for older adults, especially those with mental health issues, can come from various places depending on where the individual lives. If the older still lives in the community in private rental accommodation or their own homes, services can be provided by home care aides and psychogeriatric outreach programs. They could also receive some support from senior-serving community agencies. When they live in seniors' housing communities, either private or government subsidized, they also deal with housing provider staff, such as housekeeping, dining staff, activity staff and building managers. In 2010, 7.9% of older adults in Canada lived in collective dwellings, be it independent living, supportive living or long-term care (Statistics Canada, 2012). Beyond these paid staff, the older adult sometimes has the informal support of family caregivers.

When an older adult either has a pre-existing mental health condition or develops one in older age, many of these personal care staff can help to identify there is a problem and help refer the individual to more focused services. Unfortunately, the case more often is that when responsive behaviours occur as a result of mental illness, it escalates into a dispute between the older adult and the staff member. Without adequate training, these escalations can easily lead to the older adult being evicted.

Mental Health Care Workforce

There are many community organizations and healthcare units that deal with mental health issues. However, not all have expertise in how to handle mental health conditions that are present with older adults. Older adults often have different life circumstances than other groups, and suffer from other physical conditions that might make treatment differ. They are often on several medications and interactions for any additional medications for mental illness must be carefully considered. Mental health caregivers also need to have a sensitivity to some age-related biases and stigmas and must recognize the resiliencies and strengths an older adult has developed throughout a full life (American Psychological Association, 2017). Working with older adults also has unique legal and ethical challenges, such as guardianship, powers of attorney, informed consent for medical treatments, and the right to refuse treatment. There is also a different system of supports available to the older adult that are senior-specific.

An Under-Valued Career Choice

Certain careers working with older adults are often under-valued and low paid, and many housing providers report that it is challenging to hire and retain some types of workers. Dining and housekeeping staff who work in seniors' communities are often women, immigrants, and sometimes less educated. This is because wages and salaries in seniors' communities are low, and the work can be difficult, especially when dealing with older adults with mental health issues. Many affordable seniors' housing providers also do not have excess funds to provide adequate training and resources, so many staff are not equipped to identify mental health issues or deal well with responsive behaviours that may result.

Within healthcare, demand is set to grow for positions delivering continuing care to older adults. There are currently 235,000 full-year jobs in this area in Canada but demand for these positions is set to grow

dramatically, from 3.1% annual growth until 2026 to 3.7% annual growth between 2026 and 2036 (Hermus et al., 2016). Meeting this demand will be a challenge.

Jobs in specialty areas for older adults with mental health are not popular. In fact, the sub-specialty of geriatric psychiatry was only recognized by the Royal College of Physicians and Surgeons of Canada in 2009 (Canadian Academy of Geriatric Psychiatry, 2017). Although the American Psychological Association does have a specialty in geropsychology, no doctoral programs in geropsychology were identified in a 2009 study (Konnert et al.) on Canadian programs. Psychiatric nursing is only regulated in BC, Alberta, Saskatchewan, Manitoba and the Yukon. In Alberta there are 1,400 registered psychiatric nurses, but these nurses work primarily in long-term care facilities. The Canadian Gerontological Nursing Association (2010) does have standards of care that include responsive care. More formal education for healthcare workers, especially those who are working with older adults, is needed.

Staff Burnout and Turnover

Another issue that staff dealing with older adults with mental illness—and/or addictions, dementia or cognitive decline—can suffer from is burnout. When this is not addressed through supportive training and education, it can lead to high turnover rates. A 2016 Calgary report (Schiff and Lane) on burnout and Post-Traumatic Stress Disorder (PTSD) in workers in the homeless sector showed that few have specialized training in addictions or individuals with complex needs. Twenty-five per cent of workers in the homeless sector reported burnout and compassion fatigue to the point where it affected both their work performance and personal lives. There is no reason to believe that staff working with older adults with complex needs would report at a lower rate. Education and training for these workers is key to provide support for everyday stress.

Self-care and Moral Distress

Understanding sources of stress and how to alleviate them through self-care is also important for staff working with older adults (Public Health Agency of Canada, 2005). Stress can be cumulative, and can stem from such issues as mental and physical demands, heavy workloads and long hours with limited resources, competing priorities, and the inability to set appropriate personal boundaries. Self-care can be as simple as taking a short walk at lunch, getting enough sleep, and making your own care a priority.

As with staff dealing with older adults with dementia, another source of stress can be moral distress, which occurs when caregivers know what the best course of action or treatment is for their patients, but cannot provide it due to lack of resources or conflicting organizational policies. The University of Lethbridge has a major research project underway looking at the concept of moral distress (Spenceley et al., 2017). Moral distress can lead to absenteeism, job dissatisfaction, and ultimately intention to quit. The closer to the older adult these caregivers work, the more they feel moral distress and the less likely they are to be able to advocate for their patients due to their low level in the healthcare hierarchy.

POSSIBLE SOLUTIONS

Effective Practices in Staff Training

A 2010 (Moyle et al.) review of training and education programs for older adults with mental illness in long-term care gave a number of recommendations for effective practices. These practices can be considered for training staff working with older adults in other care settings as well. These included:

- Planning the training programs collaboratively with its intended participants

- Ensuring training meets the needs of staff
- Ensuring training is focused on the needs of residents
- Programs should take into account the model of care used in the community
- Training must be provided at convenient times for staff
- Must have buy-in from organizational leadership
- Offering interactive, online and varied training sessions, with short and regular refresher sessions and tip cards
- Having a shared psychogeriatric resource person available to community agencies and housing providers to lead consistent and regular training

Opportunities for Inter-Sectoral Training

Opportunities that bring together staff from different sectors, such as geriatric mental health, seniors' housing providers, seniors' community agencies and government departments, help to share both challenges, solutions and resources. The Older Adult Council of Calgary's Mental Health and Housing sub-committee has seen this first-hand. With representatives from a variety of sectors, the sub-committee has conducted research projects and most recently, held a Seniors Resource Learning and Networking event in September 2017.

The Right Training for the Right Staff

Not all staff need the same levels of training and education. A good first step is to identify the knowledge and skill sets that are needed by each type of service provider, then establish competency standards and finally ensuring that appropriate education and training are available (BC Psychogeriatric Association, 2012). For example:

- Dining or housekeeping staff in a seniors' community may need to know how to identify behaviours that are out of character, and where to report it
- Staff in community agencies may need to know both how to identify these behaviours and how to get the older adult the proper support through referrals
- Home care workers and health care aides may need more advanced training on how best to communicate with older adults with mental health issues with responsive behaviours.

Person-Centred Language

Using the right language with older adults with mental health issues can make all the difference. Language is powerful and can avoid labelling and/or blaming an individual which can lead to conflict with caregivers and other staff. The Toronto Academic Health Science Network published a 2016 report giving examples of person-centred language that can be used to describe responsive behaviours that is respectful and free of bias (Toronto Academic Health Science Network, 2016). The goal is to use language that is specific and objective, and describes the behaviours instead of labelling the person. For example, instead of labelling an individual a hoarder, describe the behaviour by saying the person prefers to collect small objects and store them under the bed. Or instead of referring to a person as a wanderer, explain that the person frequently walks about in hallways during meal times. By doing this, there can be a better understanding of what is actually causing the behaviour and how any discomfort can be alleviated with appropriate care planning with care providers.

Behavioural Supports Framework

A philosophy of care that is emerging in Canada is the behavioural supports framework. It has a recent history in Alberta, but is more established in Ontario. It focuses on the behaviour of the individual and its effects on family and caregivers, especially older adults with responsive behaviours stemming from mental illness, dementia or addiction. These responsive behaviours can take the form of aggression, wandering, physical resistance and agitation. Although predominantly developed with the imminent increase of dementia cases in mind, the framework includes older adults with serious mental illnesses who can also often exhibit responsive behaviours. In Alberta, the behavioural supports framework is being championed by the University of Alberta Faculty of Rehabilitation Medicine (2017). Its network of service providers, caregivers, policy and decision makers, researchers, and academics has released a toolkit for supporting caregivers of older adults with complex needs, with a focus on family caregivers (Parmar, 2015). However, it is recommended that it can be used by a much larger audience.

Mental Health First Aid for Seniors

One of the more recent training programs focusing on older adults with mental health issues is the Mental Health First Aid for Seniors training course offered by the Mental Health Commission of Canada (MHCC). The Mental Health First Aid program is an international program designed for all individuals that was launched in Australia in 2001. It is now active in 24 countries and has trained over 200,000 participants in Canada since 2007. In 2016, a separate course for seniors was introduced and is being offered for free by the Alberta Government from September 2017 to April 2019 (Canadian Mental Health Association – Alberta Division, 2017). There is also a separate course available to train trainers. As this course is available to any individual, it is also ideal for family and friends who may be informal caregivers to older adults with mental illness. These people provide more than 80% of care to older adults and contribute more than \$5 billion of unpaid labour to the health care system (Hollander et al., 2009).

EMERGING ISSUES

Need for Cross-Cultural Competence

As the older adult population in Canada evolves, the ethnic make-up will shift as more “new wave” immigrants will age and need supports. The “new wave” consists of immigrants from Middle Eastern, Asian, Southwest Asian and Pacific populations who arrived since the 1970s (Kaida and Boyd, 2011). In Calgary in 2011, 41% of older adults were immigrants, with over half arriving before 1981 (City of Calgary, 2016). Eighty-six percent came from Europe (46%) and Asia (40%). Staff will need to be able to work with older adults with different cultures and beliefs, especially regarding mental health conditions. Unfortunately, there is a lack of social workers who speak other languages and not enough English as a Second Language (ESL) services for immigrant older adults. Some ethnic groups also prefer to age in their own community, which has led to same-culture seniors’ residences being built, such as Wing Kei Care Centre in Calgary. There are also growing numbers of Indigenous and LGBTQ2S older adults, who also have unique needs and challenges. Any education and training programs for older adults with mental health issues will need to build these issues into them.

Additionally, staff themselves are also often immigrants, as many positions, especially in dining services and housekeeping, are low paid and entry level. A 2010 Canadian study (Bourgeault et al.) on immigrant care workers and older adults highlighted that language and cultural differences could be considerable barriers to quality care. The report recommended training and educational programs including relevant

Canadian cultural issues and particularly focused on older adults for immigrant care workers working in such settings. Matching care workers with older adults of the same culture was also suggested. Language and cultural barriers between staff members can also create difficulties, and cross-cultural competence training for all staff would be of benefit.

Resource

In addition to the training and education program listed above, there are other programs focused on working effectively with older adults with mental illness.

Tips and Techniques for Supporting Residents with Mental Illness: A Guide for Staff in Housing for Older Adults

Published by Jewish and Family Services and Jewish Community Housing for the Elderly (2012) in Boston, this guide offers information about mental health issues and older adult, case studies, and tips, techniques and suggested language.

Recommendations

- Seniors' housing providers and community agencies need to take advantage of the free Mental Health First Aid for Seniors training course as a good first step for staff education and training.
- For affordable seniors' housing providers with limited budgets, government needs to provide additional funding to ensure this education and training takes place. If there is an overwhelming response to the free Mental Health First Aid for Seniors training course, consider extending it beyond April 2019.
- Seniors' housing providers need to provide access to education and training opportunities to all staff members (including maintenance, dining, housekeeping, building management, placement, etc.)
- Mental health care professionals also need education and training on geriatrics and issues of concern to older adults.
- Professional associations and colleges need to provide specialties and continuing training and education opportunities specific to older adults and mental illness (family physicians, registered nurses, licensed practical nurses, health care aides, home care workers, social workers.)
- Education and training needs to be ongoing to sustain changes, and can take place centrally so that more than one agency or housing provider can send staff.
- Organizational leadership must be supportive of education and training initiatives.
- Conduct research into stress and burnout in the senior-serving sector (including community agencies and housing providers) addressing self-care and moral distress and recommendations for staff support.
- Conduct research into existing educational and training resources available for seniors with mental health issues and create an inter-sectoral, centralized inventory of available resources.
- Funding to hire centralized professional resource person (such as a Psychogeriatric Resource Person) and trainers to lead targeted training initiatives at housing providers and community agencies across Calgary.

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