OACC

Older Adult Council of Calgary

Position Paper

Strengthening Integrated Care and Housing for Older Adults with Mental Health Issues

In partnership with:

Calgary

fcss family & community support services

Older adults with mental health issues who live in a residential setting can continue to live in the community with appropriate housing and integrated supports.

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 how best to provide housing and care to older adults with mental health issues who live in congregate residential communities. This does not include long-term care. In this position paper, we are also 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, even when compared to the wider older adult population, which itself can finding itself fighting ageism (MacCourt et al., 2011). 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.

This position paper focuses on older adults with mental health issues living in congregate residential communities (independent and supportive living), and how best to provide services to them so that they can retain their housing.

DEFINITIONS

Severe and Persistent Mental Illness

Often known as Serious Mental Illness (SMI) or simply S&P, this term refers to individuals who have a mental illness that is chronic and always disabling (NREPP, nd). All mental illnesses have the potential to be severe and persistent, but the most common are schizophrenia, schizoaffective disorder, bipolar disorder, or major depressive disorder.

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).

Psychogeriatric

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

ISSUES

Lack of Attention to Older Adults with Mental Illness

Older adults with mental health issues are quite often overlooked, leading to undiagnosed or misdiagnosed disorders. Their symptoms are wrongly considered to be part of the natural process of aging and they fall between gaps in service. When they are identified, intervention is often late, because there is a lack of outreach to easily identify this population (see OACC position paper Strengthening Outreach and Health Services for Older Adults with Mental Health Issues.) Often older adults with mental illness are identified when they have a crisis, especially regarding precarious housing. From a 2014 Calgary report (Tunstall and McIntyre), interviewees also cited issues such as a lack of trained staff, including clinical staff, and a lack of funding to help these older adults. There were other issues mentioned, including the fact that AHS does not follow a harm reduction approach, there is too much red tape and too many siloes working independently, as well as a lack of cultural competency and translation services for immigrant seniors with mental illness.

Lack of Affordable Housing

In Canada, there was reduced government funding for affordable housing in 1990s through to the 2000s. This equated to a 46% decrease in federal investments at a time when the Canadian population increased by almost 30% (Gaetz et al., 2014). In Alberta, there are two housing programs available for lower-income older adults: the Seniors' Self-Contained Housing program and the Senior's Lodge program. The Self-Contained Housing program provides independent living options, such as in apartment buildings or cottages with a subsidized rent. The Lodge program offers more supportive living options for older adults who need dining, housekeeping, and other services available on-site. A 2013 capacity report completed for the City of Calgary (Koziey) found that demand for affordable housing will continue to increase, especially with regard to seniors and those with mental health and addiction issues.

Lack of Adequate Housing for Older Adults with Mental Health Issues

Even though there is affordable housing for older adults, often seniors' housing providers do not have the expertise to deal with older adults with mental illnesses. Often, early intervention and proper treatment can allow older adults to live in residential communities with few problems. Others may need specific supports with trained staff to support them.

Severity of Mental Illness

Severity of mental health issues matter, and that is why quick access to identification, assessment and diagnosis are so important (see OACC position paper on Strengthening Outreach and Health Services for Older Adults with Mental Health Issues.) In cases where older adults with severe and persistent mental illness seriously disrupt residential communities, purpose-built and properly staffed communities may be a better choice. Unfortunately, there is a distinct lack of this type of housing available to older adults in Calgary. Peter Coyle Place is the only permanent, supportive housing available for those older adults with severe and persistent mental illnesses and/or addiction in Calgary. More housing of this type is needed to help these older adults avoid homelessness (see OACC's position paper on Older Adults and

Homelessness.) Trinity Place Foundation, the housing provider that operates Peter Coyle Place, also has 30 beds available for older adults with mental illness at their Parkview Village community. Alberta Health Services is funding these beds and providing wraparound supports for these residents.

Need for Education and Training for Staff

Many staff members in residential settings come into contact with older adults with mental health issues, but almost none have targeted training as to how best to interact with them, especially if they are exhibiting responsive behaviours. This can lead to increased tension and distress for the older adult and the staff member trying to help them. Staff such as housekeepers, dining service workers or activity coordinators could all benefit from this training, especially on how best to de-escalate responsive behaviours. A recent training program 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). It is being offered for free by the Alberta Government from September 2017 to April 2019 (Canadian Mental Health Association – Alberta Division, 2017) (see OACC position paper on Education and Training for Service and Housing Providers working with Older Adults with Mental Health Issues.)

Additional to this, there is a lack of trained psychogeriatric clinical staff in the healthcare system. In fact, there is a lack of medical staff with specific training on older adults in general. In Ontario in 2013, while there were 1,641 pediatricians to look after 2.2 million children, there were only a paltry 129 geriatricians serving two million older adults (Stall et al., 2013). Worse still, between 2010 and 2012 in Alberta, there was not one single resident who chose geriatrics for specialty training (Stall et al., 2013). Those with a clinical specialty in older adults' mental health is rarer still. 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).

Mental Health Issues Can Put Housing at Risk

When living in congregate residential communities, responsive behaviours caused by mental illness can lead to eviction, especially if housing providers do not have appropriate training to deal with and de-escalate these behaviours. Given the choice, housing providers will always choose as a tenant an older adult with minimal needs over one with complex needs (BC Ministry of Health Services, 2002). If the condition is pre-existing, this can lead to potential discrimination for an older adult living with a mental health issue.

Hoarding

Hoarding is a particular mental health condition that can easily put an older adult's housing at risk. It is a distinct mental condition, and is now recognized by the American Psychiatric Association. In Calgary, the Calgary Community Hoarding Coalition is a collaboration of service providers, including Carya, Calgary Housing Services, The Alex (Pathways to Housing), Alberta Health Services Mental Health, Emergency Medical Services, and Trinity Place Foundation of Alberta. Although not focused solely on older adults, the coalition published a white paper in 2015 (Calgary Community Hoarding Coalition, 2015) that estimates between 24,900 to 59,800 individuals in Calgary live in a hoarded situation. When living in a communal residential care community, this behaviour can lead to eviction, as it causes fire hazards and possible insect infestations which can easily spread to other suites.

Concurrent Disorders

Many older individuals with mental health issues also have issues with addictions, either alcohol or drugs, predominantly misusing prescription drugs. There is also a problem with a lack of coordination in services for mental health and addiction issues. They are often treated as separate conditions, and have separate approaches. Mental health professionals use a more medical model of diagnosis and treatment, while addiction professionals adopt a more holistic bio-psychosocial approach (Canadian Centre on Substance Abuse, 2009). Older adults need a more streamlined and integrated approach to care.

Older adults with cognitive impairments, such as dementia, can also develop mental health issues such as depression. Mental illness indicators may not be distinguished as separate symptoms and therefore, depression or other issues can often go untreated among those with a pre-existing cognitive condition.

SUPPORTIVE FRAMEWORKS AND PHILOSOPHIES

Behavioural Supports Framework

Behavioural supports refer to 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 or challenging 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 seniors with serious mental illnesses that can often exhibit responsive behaviours. The overarching principle behind behavioural supports is person and caregiver-directed care, meaning that older adults are treated with respect and accepted as they are; care decisions are made by the older adult, their family and/or other social supports available to them; and an environment of trust and respect must exist between older adults, staff, and care providers. Supporting principles include recognizing diversity; creating collaborative care plans; and understanding that behaviours are simply attempts at communication.

Focus on Recovery/Rehabilitation Philosophy

An overarching philosophy of working with individuals living with mental illness is recovery. This should not be understood as a cure philosophy, but rather that individuals can and should be able live a meaningful life in their community while achieving their full potential. Some seniors' groups have been uncomfortable adopting this model, especially when talking about dementia, as it is a degenerative condition. For older adults living with mental illness as opposed to dementia, this philosophy is a better fit. Outcomes including the reduction or elimination of symptoms and improved quality of life are possible with the right assessment and treatment (MacCourt et al., 2012).

POSSIBLE SOLUTIONS AND MODELS

Centralized Housing Intake

It can be daunting for many older adults to consider moving, let alone to try and find out information about all the housing options available to them and how to access them. A single-point of entry to the seniors' housing system is ideal for them to access the right place at the right time with the right supports. Unfortunately, many housing providers control their own placement and entry processes, as well as wait lists. This leads to many older adults being on more than one wait list. The Kerby Centre does maintain a seniors' housing directory that is updated annually, which provides a listing of all available seniors housing in Calgary. Calgary is also investigating the feasibility of a centralized

affordable (non-market) housing intake system, known as the One Window project. There are currently 36 non-market housing providers in Calgary with waiting lists, and this program is designed to streamline intake and application procedures for both potential residents and housing providers. Six of Calgary's affordable seniors' housing providers are taking part in this project, which is currently in Phase 2, where the focus is moving from feasibility to a potential design, and creating business processes and governance structures for a common screening and application system. The ultimate goal is to provide the consumer with a centralized system for application, assessment and placement (K. Plotnick, Personal communication, November 23, 2017).

Independent Living Support Staff

Providing a few more resources for older adults with mental illness can provide a stabilizing benefit. Instituting an Independent Living Support staff position can be an important support for building managers, and may allow older adults to retain housing as a result. Trinity Place Foundation instituted an Independent Living Skills program to support 80 older adults living in their residential communities in East Village. An evaluation showed significant benefits for the program, including older adults retaining independent housing longer, residents having lower rates of hospitalization and use of Emergency Rooms and EMS in comparison to the chronically homeless seniors' population, and a reduction in social isolation (Hoffart and Cairns, 2016). The program has also been expanded to Trinity's Parkview Village community, where AHS is funding 30 beds for older adults with mental health issues. The provincial government does recognize the need for more support, and has set a goal of ensuring 100% of seniors in affordable housing have access to a tenant support worker by 2020-21 (*Making Life Better*, 2017).

Education and Training for Staff

Staff in the seniors' housing sector, seniors' service sector and the mental health services sector need appropriate training to better understand older adults with mental health issues. Those in the seniors' housing sector need training in mental health issues on how best to deal with older adults who have a mental health condition and are perhaps disruptive to the community as a result. There are ways to work with them and de-escalate situations that can help keep these older adults safely housed instead of evicted. Mental health workers need to understand that working with older adults is often not the same as working with a younger population, and find ways to help older adults that may be different. See OACC's position paper on Education and Training for Service and Housing Providers working with Older Adults with Mental Health Issues for more information on this.

EFFECTIVE PRACTICES

Integrated Care Model

Integrated care involves significant cross-sectoral collaboration, and although it is the best method of service delivery, it is difficult to implement. The goal is to increase efficiency of services and improve continuity of care for older adults. This approach has been particularly targeted at the so-called frail elderly population, who have multiple and complex health issues, including mental illness. The Mental Health Commission of Canada has published guidelines for working with older adults with mental health issues (MacCourt et al., 2011) that include a proposed model of integrated care for mental health service in later life. Not only do sectors need to collaborate (health care, housing providers, community agencies) but there needs to be collaboration within sectors (mental health and geriatric mental health; seniors' housing, seniors' services, mental health services, etc.) A 2009 study in Ontario found that by expanding home care services to include a mix of health and social services while coordinating help for

instrumental activities of daily living (such as transportation, nutrition, etc.), between 46% to 53% of individuals on wait lists for long-term care could instead remain in their own homes in supportive living communities (Williams, et al., 2009). Using this model, older adults who have lived with chronic mental health issues most of their lives could continue to live where they are and not transition to a senior living residence. They may do better with specialized elderly mental health care (psychogeriatric) services brought in to them (BC Ministry of Health Services, 2002).

Psychogeriatric Case Management/Integrated System Case Management

A component of integrated care is the concept of integrated system case management. The case manager would have as a key responsibility liaison and maintaining relationships with mental health providers, physicians, specialists and community workers, who also would work with the older adult. In effect, this person is the quarterback for services for the older adult. This person should have a background in gerontology, or at least significant experience working with older adults and understand key philosophies of working with seniors.

The Seniors Collaborative Community Outreach Team (SCCOT) that was active in Calgary's East Village was a good example of this type of integrated system case management. The collaborative team included the Alex, carya, psychogeriatric services at AHS, Trinity Place Foundation and the City of Calgary. SCCOT was a multidisciplinary core team that consisted of a 0.4 FTE nurse practitioner (The Alex), 0.5 FTE social worker (Carya), and a 1.0 FTE mental health clinician (AHS). The enhanced team includes a 0.1 FTE psychiatrist (AHS), a 0.2 FTE educational support worker (AHS), and occupational therapist and two Independent Living Support workers (Trinity Place Foundation). An evaluation of SCCOT showed that older adults with mental health issues retained their housing while receiving physical and mental health supports that they otherwise would have had difficulty accessing. There was also a strong sense that improved collaboration was occurring between all service providers in the East Village and an increased awareness of seniors' mental health issues from the outcome statements (Tunstall and McIntyre, 2015). Unfortunately, even with this innovative programming and partnership, sustainable funding for the SCCOT program was not available and the program ended in August 2017.

Person-centred Care

One of the most important components of this integrated model and the behavioural supports framework is person-centred care. This places the older adult at the centre of the care that surrounds him or her, rather than the disease or disorder. It also takes into account the environmental context that the person lives within: their family, marriage, culture, ethnicity and gender.

Team-based/Service Learning

While putting the older adult at the centre of care, team-based learning allows for multiple perspectives to be shared by all care providers. Service-learning means that the learning is ongoing at the site of service delivery and not a traditional classroom. It is different from other approaches as there is a reflective component that may result in practice changes. The objective is to have healthcare professionals learn together through their relationships with each other. They can combine content knowledge, situational experience, team collaboration and exchange and active reflection (Leclair et al., 2012).

Transitional Housing for Stabilization

When older adults who have needed acute treatment for mental illness in a hospital setting are ready for discharge, there are few options. Sometimes, their housing has been put at risk or they have been evicted and they then cycle in and out of various crisis shelters and back to hospital. Calgary has a sub-acute facility for seniors, but there are only 20 beds available, and only 10 beds in Kerby Rotary House.

EMERGING TRENDS

Designing Appropriate Communities

The actual design of housing for older adults with mental health also matters. There has been significant work done on the design of housing for persons with dementia, and some of these lessons may well be transferable to older adults living with mental health issues (Starr et al., 2015; Hadjri et al, 2015). There are also efforts underway in the seniors' housing sector to move residential living to a more integrated basis, where individuals can either move to a higher level of care within the community, or have needed supports and services brought in to where they live. This aligns well with the concept of aging-in-community and keeping people out of long-term care for as long as possible. The concept of universal design, whereby design attributes can benefit users both with and without disabilities, is also a useful framework for these new models of housing (City of Calgary, 2010).

Benchmarks for Mental Health Beds and Professionals

MacCourt et al. (2011) developed a set of benchmarks for communities for the number and types of beds needed and health care professionals needed to properly provide care for older adults with mental health problems. Calgary needs to work towards these benchmarks, especially as the older adult population increases over the next 20 years.

Benchmarks	**Per 10,000 Seniors with MH Issues**	**For Calgary Seniors population 2016 (27,680 of 138,400)**	**For Calgary Seniors population 2042 (57,400 of 287,000)**
Residential Mental Health Beds for longer-term stabilization and treatment for seniors with severe and persistent behavioural and psychological symptoms of dementia in a specially designed unit in a long-term care facility	7.5	20.75	43
Health professionals for seniors' mental health outreach and community teams to provide consultation-liaison services to residential (long-term) care homes, collaborative/shared care in community settings and capacity building models of care	5.5 FTE	15.25 FTE	31.5 FTE
Health professionals for intensive community treatment and support for seniors with persistent and severe mental illnesses	5.25 FTE	14.5 FTE	30 FTE
Acute short-term inpatient psychiatric beds located on a general acute care psychiatric inpatient services, "ideally	3	8.3	17.2

with geriatric psychiatrist consultation/support and average length of stay of approximately 1 month"			
Specialized geriatric psychiatry inpatient beds for assessment and active treatment for seniors who require the care of a specialized geriatric team in hospital, with an average length of stay below 90 days	3.3	9.1	18.9
Specialized geriatric psychiatry inpatient beds, depending on the availability of residential mental health beds, for rehabilitation or chronic care in a psychiatric hospital over 90 days for those with severe and persistent disorders	3 or fewer	8.3 or fewer	17.2 or fewer

Recommendations

- Enhance training for mental health issues for all seniors' housing provider staff, including front-line workers. For example, 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.
- Enhance education and training on geriatrics for mental health service providers, including both regulated and unregulated staff.
- Work towards Mental Health Commission of Canada's benchmarks of beds and healthcare workers for seniors with mental health problems.
- Strengthen and expand the Calgary Community Hoarding Coalition and supporting positions (e.g. Independent Living Skills workers) to help older adults with hoarding disorder retain housing.
- Increase numbers of transitional and respite housing spaces for older adults with mental health issues.
- Increase numbers of units of, access to, and supports available for permanent supportive housing for older adults with mental health issues.
- Take steps to solve the problem of inter-sectoral information sharing to ensure the best outcomes for the individual.
- Ensure sustainable funding for integrated, intersectoral programs and services with evaluation that shows that it works (e.g. SCCOT).
- More integration within older adult service sectors and intersectoral collaboration for identifying, assessing, diagnosing and treating older adults with MH issues.

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This position paper is a part of a series of papers by OACC on older adults with respect to mental health and housing issues and poverty and affordability issues.

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