



## CANADIAN COALITION FOR SENIORS' MENTAL HEALTH

To promote seniors' mental health by connecting people, ideas and resources

## COALITION CANADIENNE POUR LA SANTÉ MENTALE DES PERSONNES ÂGÉES

Promouvoir la santé mentale des personnes âgées en reliant les personnes, les idées et les ressources

### **CCSMH Summary:** **Final report of the Standing Senate Committee on Social Affairs, Science and Technology (May 2006) - *Out of the Shadows at Last***

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**Background & Interim Reports:** In February 2003, the Standing Senate Committee on Social Affairs, Science and Technology received a mandate to study the state of mental health services and addiction treatment in Canada and to examine the role of the federal government in this area. After consultation and research with key stakeholders, a series of interim reports were produced and disseminated in November 2004. The first report provided an overview of policies and services in Canada focused on mental illness and addictions. The second report focused on mental health policies and programs from four selected countries and provided discussion key lessons for Canada. The third report, outlined major issues and potential policy options in Canada.

Following the release of the interim reports, The Committee held a series of further consultations. Through its affiliation with the Canadian Alliance on Mental Illness and Mental Health (CAMIMH), the CCSMH had the opportunity to respond to the Committee and was subsequently invited to provide both a written and oral submission to the Senate Committee in June 2005.

#### **Key Messages Communicated by the CCSMH**

##### **Public Awareness & Education**

- **Mental illness is not a normal consequence of aging**
- **Seniors with mental health challenges face a “double jeopardy” in that there exists stigmatization associated with both older people and for those with mental disorders.**
- **Awareness must emphasize that seniors' mental health includes mood, anxiety, personality, substance & addictions disorders, dementia, suicide and schizophrenia**
- **Education and awareness needs to be aimed at seniors, caregivers, the general public, care providers, media and educational institutions**

##### **Policy & Care Delivery Frameworks**

- **All policy must address the needs of individuals across the agespan**
- **Housing remains a serious issue for seniors' with mental illness**
- **Standards and guidelines for care are critical to ensuring that seniors' specific needs are managed responsibly and to ensure maximum quality of life**

##### **Data, Research & Knowledge Transfer**

- **There is an immediate need to identify seniors' mental health as a long-term research priority. This must be adopted by funding and research bodies**
- **There is a strong need to develop a national information database that measures, in particular the prevalence of mental health and addiction of those aged 65+**
- **There must be new mechanisms that will enhance collaboration between researchers, providers, funding and research bodies, and the general public**

**Final Report: Out of the Shadows at Last:** After many months of further consultation with key stakeholders and individuals who shared their experiences with mental health and illness issues, the Committee released its final report “*Out of the Shadows at Last – Transforming Mental Health, Mental Illness and Addiction Services in Canada*”. While this summary provides highlights of the report as they are relevant to seniors’ mental health, the entire 118 recommendations are not reviewed in detail. The link to the reports is

[http://www.parl.gc.ca/common/Committee\\_SenRep.asp?Language=E&Parl=39&Ses=1&comm\\_id=47](http://www.parl.gc.ca/common/Committee_SenRep.asp?Language=E&Parl=39&Ses=1&comm_id=47)

## **Vision and Principles**

Beginning in Chapter 3 “Vision and Principles”, the Committee sets the foundation for the report by writing that in their view, “what is needed is a genuine system that puts people living with mental illness at its centre, with a clear focus on their ability to recover”. Key principles integrated into the chapter include:

- People living with mental illness and addiction, must be provided with equal respect and consideration as those individuals affected by physical illness
- The vision of an ideal mental health system in Canada should be focused on a recovery model not molded on cure, but based on an active process in which the affected individual takes responsibility for the outcome, with success depending primarily on collaboration among helping friends, family, the community and professional supports. This system rests on three pillars:
  - *Choice:* Access to a wide range of publicly-funded services and supports that offer people living with mental illness the opportunity to choose those that will benefit them most;
  - *Community:* Making these services and supports available in the communities where people live, and orienting them toward supporting people living in the community;
  - *Integration:* Integrating all types of services and supports across the many levels of government and across both the public/private divide and the professional/non-professional dichotomy.
- No single treatment model should be allowed to dominate the policy horizon.
- There needs to be a shift towards funded, community based services

## **Canadian Mental Health Commission**

Throughout their consultation, the Committee heard the call for a national mental health strategy and noted that Canada is alone among the G8 countries not to have one. The Committee’s key recommendation to support the pathway to a National Strategy is the creation of the Canadian Mental Health Commission.

A proposal for this recommendation was made public by the former Minister of Health, the Honourable Ujjal Dosanjh, in November 2005. At that time, it was announced that the Government of Canada, along with all provincial and territorial Ministers of Health, with the exception of Quebec, had agreed to the creation of the Commission. Steven Fletcher, MP and previous health critic for the Conservative Party, also expressed his support the establishment of the Commission.

The proposed mission of the Commission is:

- To act as a facilitator, enabler and supporter of a national approach to mental health issues;
- To be a catalyst for reform of mental health policies and improvements in service delivery;
- To provide a national focal point for objective, evidence-based information on all aspects of mental health and mental illness;

- To be a source of information to governments, stakeholders and the public on mental health and mental illness;
- To educate all Canadians about mental health and increase mental health literacy among them, particularly among those who are in leadership roles such as employers, members of the health professions, teachers etc.;
- To eliminate the stigma and discrimination faced by Canadians living with a mental illness, and their families.

To achieve its mission, the Commission would form collaborative relationships amounting to partnerships with governments, employers, mental health stakeholder organizations, treatment professionals, researchers and, in particular, those Canadians living with mental illness and their families. In order to discharge its collaborative mandate, the Commission will establish, in addition to partnerships, a number of advisory committees. While it would be up to the Commission to decide on their number and composition, two advisory committees are obligatory – one composed of representatives of every F/P/T government and another of representatives from Canada’s aboriginal communities.

Chapter 16 of the report details the following recommendation specific to the establishment of the Canadian Mental Health Commission:

*That a Canadian Mental Health Commission be established and that it become operational by 1 September 2006.*

*That the guiding principles, mandate, method of operation and activities of the Canadian Mental Health Commission be as specified in sections 16.2.2 to 16.2.5 of this report.*

*That the composition of the Board of the Commission and its staff be established as set out in sections 16.2.6. and 16.2.7 of the report.*

*That the Government of Canada provide \$17 million per annum to fund the operation and activities of the commission; of this amount, \$5 million per annum should be dedicated to a national anti-stigma campaign, \$6 million per annum devoted to the creation of the Knowledge Exchange Centre and \$6 million per annum used to cover the operating costs of the Commission.*

### **Mental Health Transition Fund**

One of the key recommendations by the Committee was for the creation of a new Mental Health Transition Fund (MHTF). The Committee recognized that in order to progress towards a transformed delivery system that meets the needs of those living or affected by mental illness, there is a need to invest and accelerate the process. The Committee recommended:

*That the Government of Canada create a Mental Health Transition Fund to accelerate the transition to a system in which the delivery of mental health services and supports is based predominantly in the community.*

*That this Fund be made available to the provinces and territories on a per capita basis, and that the Fund be administered by the Canadian Mental Health*

*Commission that has been agreed to be all Ministers of Health (with the exception of Quebec).*

*That the provinces and territories be eligible to receive funding from the Mental Health Transition Fund for projects that:*

- *Would not otherwise have been funded; that is, projects that represent an increase in provincial or territorial spending on mental health services over and above existing spending on services and supports, plus an increment equal to the percentage annual increase in overall spending on health; and that*
- *Contribute to the transition toward a system in which the delivery of mental health services and supports is based predominantly in the community*

*That in allocating the resources from the Mental Health Transition Fund priority should be given to people living with serious and persistent mental illness and that a strong focus should be maintained on meeting the mental health needs of children and youth.*

The proposed MHTF would be time limited (ten years), funded by the federal government and disbursed and managed by the proposed Canadian Mental Health Commission. It would be up to the provinces and territories to determine how to allocate the transferred money. Specifically, the Committee recommended

***That the Basket of Community Services component of the Mental Health Transition Fund average \$215 million per year over a ten year period, for a total of \$2.15 billion.***

It is important to note that the report specifies that the MHTF should have two main components including:

Mental Health Housing Initiative (MHHI (Section 16.5.3)): to provide federal funds for the development of new affordable and appropriate housing units and for rent supplements to permit people living with a mental illness, who could not otherwise afford to do so, to rent accommodation at market rates. The Committee recommends:

***That the Government of Canada invest \$2.24 billion over ten years to the Mental Health Housing Initiative (MHHI) that is to be established as part of the Mental Health Transition Fund....***

***That, as part of the Mental Health Transition Fund, the Government of Canada create a Mental Health Housing Initiative that will provide funds both for the development of new affordable housing units and for rent supplement programs that subsidize people living with mental illness who would otherwise not be able to rent vacant apartments at current market rates***

Basket of Community Services (BCS) that will assist provinces to provide people living with mental illness with a range of services and supports in the community. Recommendations specific to the MHTF include:

*That services and supports directed at enabling people living with mental illness to be housed in community settings be eligible for funding as part of the Basket of Community Services component of the Mental Health Transition Fund and administered by the Mental Health Commission*

*That, a Basket of Community Services that have demonstrated their value in enabling people living with mental illness, in particular those living with serious and persistent illnesses, to live meaningful and productive lives in the community be eligible for funding through the MHTF.*

*That this Basket of Community Services include, but not be limited to such things as Assertive Community Treatment (ACT) Teams, Crisis Intervention Units and Intensive Case Management programs, and that the only condition for establishing the eligibility of a particular service for funding through the MHTF be that it be based in the community.*

## **Seniors' Mental Health**

The Committee should be applauded for their recognition that seniors are a demographic with unique mental health needs. Furthermore, the Committee acknowledged that like those with physical challenges, seniors living with mental illness should be provided treatment and support services within their communities and own homes.

In the course of their consultations, the Committee heard and recognized numerous problems related to seniors' mental health. The following sections present in summary the response by the Committee.

**Seniors & The Mental Health Transition Fund:** Seniors were specifically mentioned with regards to the proposed Mental Health Transition Fund. Recommendations include:

*That money from the Mental Health Transition Fund be made available to the provinces and territories for initiatives designed to facilitate seniors' mental illness living in the community; these initiatives could include, amongst other things, the provision of:*

- *Home visits by appropriately compensated mental health service providers;*
- *A range of practical and social support services delivered in their homes to seniors living with mental illness;*
- *A level of support to seniors living with mental illness that is, at a minimum, equivalent to the level of support available to seniors with physical ailments, regardless of where they reside;*
- *A more widely available supply of affordable and supportive housing units for seniors living with mental illness*

**Seniors & Service Delivery:** The Committee recognized the following:

- Available treatment programs and support services for seniors are lacking
- Seniors are not a homogenous group, but instead encompass a broad range of ages, culture, mental health needs
- Seniors' require health services across the continuum of care including community, acute, long term care etc.
- Seniors are not just older adults whose mental health problems can be addressed within generic treatment programs suited to all ages.
- Seniors' may be inappropriately housed in acute care due to a lack of better available options and services.

In order to ensure that services are seamless, clinically appropriate and available, the following recommendation was put forth by the Committee:

*That efforts be made to shift seniors with a mental illness from acute care to long-term care facilities, or other appropriate housing, where it is clinically appropriate to do so, by making alternatives to hospitalization more widely available.*

In addition, the Committee acknowledged that the needs of seniors in long term care differ from past years and that seniors' mental health must be supported and services provided within long term care. Furthermore, staffing levels must be sufficient and care providers properly trained to respond to the mental health and illness needs of seniors. In response to these issues, the Committee recommended:

*That staffing competencies in long term care facilities be reviewed and adjusted, through the introduction of appropriate training programs, to ensure that the devolution of responsibility for patients living with a mental illness from acute care facilities to long-term care facilities is done in a way that ensures that clinically appropriate mental health services are available to residents on-site.*

Finally, the Committee highlighted the importance of integration, transition and centralizing services in locations where seniors live. The Committee recommended:

*That a range of institutionally based services for seniors living with a mental illness be integrated (e.g., supportive housing units and long term care facilities) by locating them adjacent to each other, to make the transition(s) between different institutional settings efficient and safe.*

*That every effort be made to facilitate aged couples being able to continue to live together, or in close proximity to one another, regardless of the level of services and supports that they each may require*

**Seniors & The Knowledge Exchange Centre:** One of the key recommendations from the Committee is that \$6 million per annum be devoted to the creation of the Knowledge Exchange Centre. Recognizing the lack of research and knowledge exchange within seniors' mental health, the Committee recommended:

*That the Knowledge Exchange Centre to be created as part of the Canadian Mental Health Commission (see Chapter 16) have as one of its goals to foster the sharing of information amongst gerontology researchers themselves, and*

*also between providers of specialist care to seniors and other mental health and addiction care providers.*

*That the Canadian Mental Health Commission encourage research on the broad ranges of ages, environments (i.e., community versus institutional), co-morbidities and cultural issues that have an impact on seniors' mental health, and that it promote best practices in the senior-specific mental health programs in order to counter the marginalization of older adults within treatment programs that claim to be suited to all ages.*

**Seniors & Family Caregivers:** The Committee acknowledges the role of family caregivers and recommended:

*That compassionate care benefits be payable up to a maximum of 6 weeks within a two-year period to a person who has to be absent from work to provide care or support to a family member living with mental illness who is considered to be at risk of hospitalization, placement in a long-term care facility, imprisonment, or homelessness, within 6 months.*

*That initiatives designed to make respite care services more widely available to family caregivers, and better adapted to the needs of individual clients as they change over time, be eligible for funding through the MHTF.*

Furthermore, specifically relevant to seniors and caregivers, the Committee recommended:

*That seniors with a mental illness who are living with family caregivers be eligible for all of the health and support services that would be available to them if they lived alone in their home*

**Addictions:** Within the report, it is recognized that addictions and concurrent disorders continue to be a serious problem. The Committee recommended:

*That a portion of the funding for peer support in the Mental Health Transition Fund be made available to develop and sustain self-help and peer support groups for people and their families living with addiction (including problem gambling).*

*That provincial and territorial governments commit a fixed portion of funds derived from gambling to evidence-based prevention, awareness and treatment programs for gambling addiction, and to gambling addiction research.*

*That Statistics Canada ensure that in addition to alcohol and drug use, the prevalence of problem gambling among the general population is measured and reported upon through regular survey work*

*That the Government of Canada conduct an assessment of the outcomes of existing programs dedicated to addiction problems for First Nations, Inuit and Métis peoples.*

*That the results of this assessment be shared through the Knowledge Exchange Centre to be created as part of the Canadian Mental Health Commission with a view to identifying successful treatment models and expanding these programs to improve access and reduce wait times.*

*That the provinces and territories develop and implement evidence-based outreach, and primary secondary prevention programs for at-risk populations – women, children and youth, seniors, and those affected by Fetal Alcohol Spectrum Disorders*

*That the Government of Canada include as part of the Mental Health Transition Fund \$50 million per year to be provided to the provinces and territories for outreach, treatment, prevention programs and services to people living with concurrent disorders.*

## **Mental Health Promotion and Mental Illness Prevention**

Chapter 15 of the report recognizes the need for both health promotion and prevention. Furthermore, the Committee stressed the critical importance of combating stigma and discrimination.

### **Anti-Stigma Campaign**

Specific to seniors, the Committee recognized the “double whammy of mental illness and aging” and acknowledged that one of the primary mandates of the proposed Canadian Mental Health Commission will be to launch an aggressive ten-year anti-stigma campaign. Furthermore,

**Suicide Prevention:** The Committee has identified suicide prevention as a priority and recognized that currently Canada does not have a national suicide prevention strategy. In response to this gap, the Committee recommended:

*That the federal government support the efforts of the Canadian Association for Suicide Prevention and other organizations working to develop a national suicide prevention strategy.*

*That the Canadian Mental Health Commission work closely with all stakeholders to, among other things:*

- *Develop consistent standards and protocols for collecting information on suicide deaths, non-fatal attempts and ideation;*
- *Increase the study and reporting of risk factors, warning signs and protective factors for individuals, families, communities and society;*
- *Support the development of a national suicide research agenda along the lines proposed by the Canadian Institutes of Health Research*

## **Research**

The Committee dedicated a significant amount of text to the discussion and recommendations for research. They state their belief that it is of utmost importance that Canada devote the resources needed for effective research, dissemination of the results of research, translation of those results into clinical practice, development of a national research agenda, and collection of the data necessary to track mental health in Canada. Key recommendations from the Committee specific to research include:



*That the Canadian Mental Health Commission work with non-governmental health organizations to develop and strengthen their fundraising capacities in order to raise more funds for research on mental health and addictions*

*That the Canadian Institutes of Health Research actively seek out more opportunities for research partnerships on mental health and addiction with private and not-for-profit sector.*

*That the Government of Canada commit \$25 million per year for research into clinical, health services and population health aspects of mental health, mental illness and addiction*

## **Funding the Federal Investment in Mental Health**

Throughout their report the Committee recognizes the costs of the recommendations outlined in the report and communicates that the responsible course of action is not simply to recommend that the federal government spend more money. Interesting to note, is that the report indicates that the amount of money that is required for mental health, mental illness and addiction supports and services is only one-tenth of the amount of new spending that the Committee recommended be put into the acute care system. The total annual cost of implementing the Committee's recommendations is outlined in the following table.

<b>Item</b>	<b>Cost (\$ million per year)</b>
Mental Health Commission	17.0
Mental Health Housing Initiative	224.0
Basket of Community Services	215.0
Concurrent Disorders Program	50.0
Telemental Health	2.5
Peer Support	2.5
Research	25.0
<b>Total</b>	<b>536.0</b>

It is indicated in the report that the Committee believes that new revenue it is recommending be earmarked for spending on mental health, mental illness and addiction. In order to create revenue the Committee recommends:

*That, in order to raise additional revenue to pay for the recommended federal investments in mental health, mental illness and addiction initiatives, the Government of Canada should raise the excise duty on alcoholic beverages by a nickel a drink, that is by 5 cents a standard drink.*

The total revenue from the "Nickel a Drink" proposal would be approximately \$478 million per year.

## Key Highlights

It is recognized that:

- Like those with physical health problems, seniors living with mental illness should be provided treatment and support services in their own homes
- Seniors are a demographic with unique attributes whose mental health needs differ from those of other groups
- Seniors encompass a broad range of ages, and their mental health needs vary within these age groups from youngest to oldest.

Key highlights and recommendations include:

- The recommended Mental Health Transition Fund (MHTF) to accelerate the transition to a system in which the delivery of mental health services and supports is based predominantly in the community. This includes money for initiatives designed to facilitate seniors with a mental illness living in the community
- The recommended Knowledge Exchange Centre as part of the Canadian Mental Health Commission. One of its goals includes fostering the sharing of information amongst gerontology researchers and between providers of specialist care to seniors and other mental health and addiction care providers.
- Like those with physical health problems, seniors living with mental illness should be provided treatment and support services in their own homes
- Recognition that efforts made to shift seniors with a mental illness from acute care to long-term care facilities, or other appropriate housing, where it is clinically appropriate to do so, by making alternatives to hospitalization more widely available are required
- Identified need to review and adjust staffing competencies in long term care facilities
- The recommendation to introduce appropriate training programs, to ensure that the devolution of responsibility for patients living with a mental illness from acute care facilities to long-term care facilities results in clinically appropriate mental health services
- Family caregivers should receive some form of financial assistance when they have to leave work temporarily to care for a family member who is mentally ill
- Seniors with a mental illness who are living with family caregivers be eligible for all the health and support services that would be available to them if they lived alone or in their own home
- Commitment of \$25 million per year for research into the clinical, health services and population health aspects of mental health, mental illness and addiction
- Acknowledgement of the double-whammy of mental illness and aging

## CANADIAN COALITION FOR SENIORS' MENTAL HEALTH: BACKGROUND

The CCSMH was established in April of 2002, in response to concerns raised by healthcare professionals and government representatives over inadequate awareness of seniors' mental health and the quality of care provided to people over age 65. The mission of the CCSMH is *to promote the mental health of seniors by connecting people, ideas and resources*. The primary goals include:

- To ensure that Seniors' Mental Health is recognized as a key Canadian health and wellness issue
- To facilitate the development, dissemination and promotion of initiatives and resources related to seniors' mental health
- To ensure growth and sustainability of the CCSMH

A truly national organization, CCSMH has over 750 individual members and 85 institutional representatives from health and seniors organizations coast-to-coast. The CCSMH is governed by the following National Organizations which meet on a regular basis:

*Canadian Academy of Geriatric Psychiatry  
CARP Canada's Association for the Fifty Plus  
Canadian Caregiver Coalition  
Canadian Healthcare Association  
Canadian Nurses Association  
Canadian Society of Consulting Pharmacists  
Public Health Agency of Canada – advisory*

*Alzheimer Society of Canada  
Canadian Association of Social Workers  
Canadian Geriatrics Society  
Canadian Mental Health Association  
Canadian Psychological Association  
College of Family Physicians of Canada*

The CCSMH actively participated in the Standing Senate Committee on Social Affairs, Science and Technology - Study on the State of Health Care Systems. In June of 2003, Dr. David Conn, Co-Chair of the CCSMH appeared as a witness and provided a written submission to the Committee. In June of 2005, Faith Malach, Executive Director of the CCSMH participated as a witness for the Senate Committee Roundtable on Seniors' Mental Health and provided a written submission.

### Key Messages

- **The CCSMH is committed to ensuring that mental health is recognized as a key Canadian health and wellness issue**
- **The CCSMH is committed to supporting the facilitation, dissemination and implementation of the recommendations contained in the Final report "Out of the Shadows at Last"**

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