Considering Seniors’ Mental Health in Policy and Healthcare Reform

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Agenda

- Background and context
- Research Questions
- Methods
- Selected Findings
- Related Recommendations
Background & Context

Seniors
• Aging baby boom population
• Low birth rates
• Increasing life expectancies

Mental Health
• Out of the shadows at last
• 1 in 5 Canadians will experience a mental health problem in a given year (Mental Health Commission of Canada, 2012)

Rates of mental illness for adults between the ages of 70 and 89, including but not limited to dementia, are projected to be higher than for any other age group by 2041 (Smetanin, Stiff, Briante, Adair, Ahmad, & Khan, 2011).

Risk for dementia increases with age (Alzheimer Society of Canada, 2010).

Older adults are more likely to live with chronic illness, many of which have comorbidities with mental illness.
Canada Health Act (CHA)
- “To protect, promote, and restore the physical and mental well-being of residents in Canada and to facilitate reasonable access to health services without financial or other barriers” (Health Canada, 2013, p.3).

Program Criteria of the CHA (Madore, 2005)
- Public Administration
- Comprehensiveness
- Universality
- Accessibility
- Portability
As explained by Wiktorowicz (2005):

While a tenet of the Canada Health Act specifies *comprehensiveness* in the provision of *medically necessary* services, such services are limited to those provided by hospitals and physicians. Since mental health care includes allied health professionals in *community* settings, it often extends beyond the services specified in the Canada Health Act, leading to variable coverage among provinces, undermining the comprehensiveness of a health care system in transition (p. 388–389).
Background: Extended Health Services

- Exempt from the program of the Canada Health Act.
- What is medically necessary?
Contextual Considerations

- Federal funding shifts which will reduce healthcare funding by $36 billion and move from a 50-50 per cent cost sharing arrangement to a 18-82 per cent (Silnicki, 2013).

- Results in downloading of responsibility to provinces and fears that the list of insured medically necessary services will be reduced (Silnicki).
Context for Research Questions

- Increased understanding of mental illness
- Reduced federal funding
- Aging population
- Home & Long-Term Care as extended health services

Provincial Seniors’ Mental Health Policy in Continuing Care
Research Questions

+ How have provinces organized their extended healthcare services (specifically focused on long-term care and home care) to support older adults with mental health issues?

  + How have government (and governmental organizations) taken responsibility for seniors and seniors’ mental health in the sample provinces?
  + How do provincial policies in home care and long-term care support older adults with mental health problems?
  + What mental health policy gaps or limitations exist that could be remedied in future policy development?
Research Design

Qualitative policy analysis of provincial policy documents integrated with key informant interview data.

- Guided by a critical realist research philosophy.
- Informed by the political economy theory of aging and the life course theoretical perspective.
- Using the Policy Triangle Framework & Framework Analysis to inform my process.
A review of health policy analysis literature (published between 1994 and 2007), found the Policy Triangle Framework was the most commonly used overarching framework. (Gilson & Raphaely, 2008)
Selected Findings: RQ 2

How have provincial policies in home care and long-term care been organized to support older adults with mental health problems?

- RQ2a. What are the goals of each policy?
- RQ2b. How do the policies align with overall provincial philosophies and frameworks?
- RQ2c. Do the policies align with evidence and research in the field?
Key Finding #1: No Seniors in Mental Health

- Mental health policies focus on children and youth to the exclusion of seniors.

- Rationalized as a fair and equitable distribution of resources since “we know that 70% of all mental illnesses begin in childhood” (key informant H).
Lack of Seniors Focus in Mental Health Policies

+ Political economy theory of aging.
  + Society does not value those aging with dementia/mental illness.
  + Accumulation of disadvantage for those falling between policy gaps – risk of social inequality rises.
  + Moral economy illustrates ways in which the social construction of fairness, justice and social obligations (Kail et al., 2009) influences decision related to the distribution of resources – equity is used as a justification to prioritize other age groups over older adults.
Life Course Theoretical Contributions

+ Although aging is seen as a lifelong process, a focus on children and youth explicitly excludes a significant portion of the lifespan and the population.

+ Key contextual considerations about late life – social conditions related to chronicity and comorbidities.

+ Lives are linked and interconnected – older adults with dementia/mental illness increase the risk for caregiver burnout (CIHI, 2011).

+ Social structures shape the experience of aging.
Key Finding #2: Dementia Versus Mental Illness

- Seniors were excluded from mental health policies also seemed to be influence by an idea that dementia is not a mental illness.

- “The issue of dementia or Alzheimer’s … is it a mental health issue? In B.C. [we’re] saying no. It is a part of aging - it is a physical condition, it’s not a mental health condition. It is an organic condition” (Key informant D).

- “there is bit of a debate about how dementia is viewed. Is dementia a medical condition or a mental health condition?” (Key informant F)
“It’s part of our historical baggage too, the way mental health was set up in terms of funding. It ends at 65, and then there is this grey area of psychogeriatrics?” (Key Informant B)

“There is a split between seniors’ teams and mental health teams. The fractioning off is related to budgets where dementia is viewed as neurology, geriatrics, and the purview of family docs, but especially in DSM 5 there are tons of psychiatry, and when there is severe BPSD it is psychiatry usually involved in the management.” (Key Informant I)
Clinicians’ Perspectives

- “There is a dichotomy where the mental health community is not that interested in dementia…” (Key informant B)

- “There is a split between seniors’ teams and mental health teams.” (Key informant I)
So Why Does It Matter?

- Aging
- Mental Illness
- Dementia
- Children and youth
- Dementia
- Mental Illness
Dementia and mental illnesses, while perhaps distinct in some individuals, should be fully integrated in policy documents and service systems.
Current ‘hot topic’

- Examples from dementia:
  - Waterloo Wellington LHIN Dementia Strategy
  - Ministry of Health and Long-Term Care (Ontario) – Dementia Strategy
  - BILL C-233 - An Act respecting a national strategy for Alzheimer’s disease and other dementias
  - Social Affairs, Science and Technology Senate Committee “Study on the issue of dementia in our society”
Conclusion

- Lack of inclusion under the Canada Health Act creates gaps in the comprehensiveness of services for older adults with mental health issues within extended health services (home and long-term care).
- Lack of integration between dementia and mental health is problematic and creates barriers.
- Seniors are not prioritized, and in fact often excluded, from mental health policies.
- Significant provincial variation risks horizontal equity.
- Vertical inconsistency means services have not kept pace with policy goals.
References

References continued


<table>
<thead>
<tr>
<th>Province</th>
<th>Current Government</th>
<th>Regionalized or Centralized</th>
<th>Alignment with Social Welfare Model</th>
<th>Seniors’ Ministry</th>
<th>Seniors’ Advocate</th>
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</thead>
<tbody>
<tr>
<td>Alberta</td>
<td>Conservative</td>
<td>Centralized</td>
<td>Residualism</td>
<td>As of Sept 2014</td>
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<tr>
<td>British</td>
<td>Liberal</td>
<td>Regionalized</td>
<td>Industrial Achievement-Performance Model (focus on merit)</td>
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<td>Columbia</td>
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<td>Nova Scotia</td>
<td>Liberal</td>
<td>Regionalized until April 1 2015</td>
<td>Industrial Achievement-Performance Model</td>
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<tr>
<td>Ontario</td>
<td>Liberal</td>
<td>Regionalized</td>
<td>Industrial Achievement-Performance Model</td>
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# Comparison of Policy Landscapes

<table>
<thead>
<tr>
<th>Province</th>
<th>Dementia Strategy/Plan</th>
<th>Seniors included in MH strategy</th>
<th>Overall Focus in Landscape</th>
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<tbody>
<tr>
<td>Alberta</td>
<td>In progress</td>
<td>• Seniors with complex health needs and/or addictions or mental health challenges</td>
<td>Aging in place</td>
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<tr>
<td>British Columbia</td>
<td>x</td>
<td>• Mental health promotion for seniors through age-friendly communities</td>
<td>Aging well / health promotion</td>
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<td></td>
<td></td>
<td>• Broadening routine screening for older adults by 2016</td>
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<tr>
<td>Nova Scotia</td>
<td>In progress</td>
<td>• Improving education to providers in the area of seniors’ mental health</td>
<td>Positive aging</td>
</tr>
<tr>
<td>Ontario</td>
<td>Historical strategy (1994-2004); no current strategy</td>
<td>• No specific recommendations, although implementation of guiding goals across lifespan would benefit older adults&lt;br&gt;• Document references the need to integrate dementia services and develop best practices and standards that promote the recovery philosophy</td>
<td>Aging at Home</td>
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Is dementia a mental illness?

- “There is a dichotomy where the mental health community is not that interested in dementia...” (Key informant B – AB)

- “The issue of dementia or Alzheimer’s ... is it a mental health issue? In B.C. [we’re] saying no. It is a part of aging - it is a physical condition, it’s not a mental health condition. It is an organic condition.” (Key informant D – BC)

- “There is a split between seniors’ teams and mental health teams.” (Key informant I – ON)

- “There is a bit of debate about how dementia is viewed. Is dementia a medical condition or a mental health condition?” (Key informant F – NS).
Background: Health Policy in Canada

- **Canada Health Act (CHA)**
  - “To protect, promote, and restore the physical and mental well-being of residents in Canada and to facilitate reasonable access to health services without financial or other barriers” (Health Canada, 2013, p.3).

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  - Portability
Critical Realism
(Bhaskar, 1975)

Bhaskar introduces a helpful distinction between three “ontological domains”: the “real,” the “actual,” and the “empirical.”
The process of mapping....

Dementia versus mental illness

“There is a dichotomy where the mental health community is not that interested in dementia...” (Key informant A - AB)

“There is a bit of debate about how dementia is viewed. Is dementia a medical condition or a mental health condition?” (Key informant F - NS)

“The issue of dementia or Alzheimer’s ... is it a mental health issue? In B.C. [we’re] saying no. It is a part of aging - it is a physical condition, it’s not a mental health condition. It is an organic condition.” (Key informant D - BC)

S & P M.I
HHR gaps
Dementia = hospital use and ALC
BSS missing
Nova Scotia
SCNs separate seniors care and brain
policies driven by population aging
significant concern re: dementia

Alberta

Ontario

B.C.
dementia is...
dementia lives....
seniors action plan
B.C. dementia guidelines

BSO - integrated and yet still more BPSD focused
gaps between mental health teams and seniors teams

organic
medical
a 'seniors issue'

Dementia versus mental illness

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