

camh

Aging and Mental Health Policy Framework

April 2023



CAMH Policy



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Executive Summary

The number of older adults with mental illness or dementia is increasing in Canada. Mental illness and dementia can have a significant impact on the quality of life of seniors and their loved ones, and increase health care system costs. For that reason, we must have good public policies that prioritize older adults' mental health.

Depression and anxiety are the most common mental illnesses in older adults and a significant number of seniors also participate in problematic binge drinking. Awareness of risk factors for mental illness in later life assists with prevention and early intervention efforts, and health care providers can play a key role by screening, assessing and connecting older adults to supports and services. For older adults who need treatment for their mental illness, there are a variety of evidence-informed treatment and clinical care options that can successfully mitigate symptoms and improve quality of life. Dementia presents its own challenges. Prevention efforts are crucial because there are currently no treatments to stop the progression of dementia. There are, however, interventions that can mitigate associated mood and behavioural problems and improve quality of life.

The lives of older adults with mental illness or dementia can be impacted by many challenges that ultimately play a role in whether they receive the treatment, care and supports that they need. Primary care providers may not be equipped to identify mental illness or dementia in older patients, or have the capacity to manage complex conditions. Home and community care is under-resourced making it difficult for older adults with mental illness or dementia to remain safely in their homes, and long-term care facilities struggle to meet the needs of residents with increasingly complex health and behavior needs. Lack of supports for loved ones can negatively impact caregivers' own mental health.

There are also a number of health and social inequities that impact older adults' mental health and their access to care. Experiences of ageism negatively impact well-being. Seniors that are Indigenous, Black, racialized and 2SLGBTQ+ experience additional forms

of prejudice and discrimination that can contribute to poor mental health. Harms inflicted by racism, colonialism, homophobia and transphobia also make it more challenging for these older adults to access appropriate mental health care and other supports. Poverty, social isolation and loneliness also take a toll on older adults' mental health and well-being.

Fortunately, there are a number of opportunities for improving older adults' mental health, as well as enhancing access to mental health care and other supports that are evidence-informed and culturally relevant. Research, policy and societal level support for mentally healthy aging also present opportunities for improving older adults' mental health and enhancing access to care and supports. To help put these opportunities into action, CAMH suggests five principles, with recommendations, to guide the development of comprehensive policy in this area:

- Older adults must have access to evidence-informed mental health treatment
- Older adults with mental illness and dementia, and their caregivers, should receive the care and supports needed to live safely and with dignity in settings of their choosing
- Equity, diversity and inclusion must be embedded in all mental health and dementia treatment, care and supports for older adults
- Policy, programs and practices should support mentally healthy aging
- Governments at all levels must prioritize and invest in seniors' mental health and wellness

What we know

Right now, about 1 in 5 Canadian seniors are living with mental illness or dementia.¹ As the population as a whole ages, and the proportion of older adults rises significantly,² we can expect to see an increasing number of seniors with mental illness or dementia in the coming years. This will likely be compounded by aging Baby Boomers who have a higher risk of mood and substance use disorders than previous generations,³ as well as the COVID-19 pandemic which has had a pronounced negative impact on the mental health of older adults.⁴

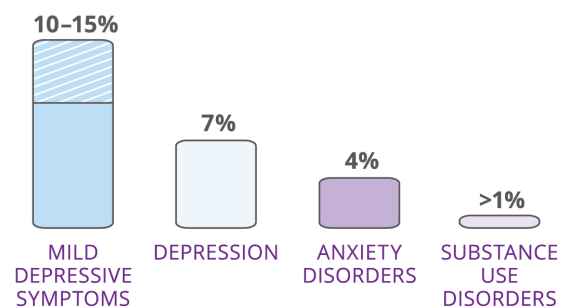
Mental illness and dementia can have a significant impact on the quality of life of older adults and their loved ones. It can increase seniors' chances of poor physical health, disability and early death,⁵ and have a negative impact on caregivers' own physical and mental health.⁶ The health care costs are also staggering. In 2011 the total health care costs and out of pocket expenses for dementia care in Canada totaled \$8.3 billion. This spending is projected to increase to \$16.6 billion by 2031.⁷

Given the current and increasing numbers of seniors with mental illness or dementia, and the significant personal and social costs of these conditions in later life, we must have good public policies that prioritize seniors' mental health. In this paper we provide an overview of mental illness and dementia in later life. We look at the challenges of preventing and treating mental illness and dementia in later life and ensuring that older adults get the care and supports that they need. We also explore opportunities for improving the lives of older adults with mental illness and dementia, and supporting good mental health for all seniors. We conclude by offering a set of principles and recommendations for a comprehensive approach to seniors' mental health in Canada.

Mental illness and dementia in later life

Later life mental illness takes many forms and requires different approaches to care. In some cases, prevention and early intervention efforts can identify and address signs of mental illness early on, while in

other cases, mental health care and treatments can help older adults recover from their illness. Dementia, on the other hand, presents unique challenges since there are currently no successful treatments to stop its progression. Dementia is also not a mental illness per se, but a decline in cognitive abilities that is often accompanied by challenging behavioural and psychological symptoms. Moreover, most mental illnesses increase the risk of developing dementia in late life. For that reason, dementia is frequently included when discussing mental illness in later life and will be addressed throughout this paper. In this section we provide a brief overview of mental illness and dementia in later life.



Mild depressive symptoms and depression are the most common mental health problems experienced by older adults

Mental illness

Mental illness in later life can manifest in several ways. Some older adults experience a mental illness such as depression, anxiety or substance use disorder for the first time in their later years, while others may encounter new age related complications from a recurring or ongoing mental illness. Some older adults experience the behavioral and psychological symptoms of dementia, and others face mental illness in conjunction with a physical health condition with a known correlation, such as Parkinson's disease.⁸

The most common mental illness experienced by older adults is depression, which affects approximately 7% of the older population,⁹ though milder depressive

symptoms are even more common and are experienced by 10-15% of older adults.¹⁰ Other typical mental illnesses in older adults include anxiety disorders (4%)¹¹ and substance use disorders (less than 1%).¹² Alcohol use disorder is the most common substance use disorder amongst older adults, and while its occurrence rate is relatively low, more than 13% of older adults report patterns of problematic binge drinking.¹³ There is also about 1-2% of the older adult population who have a serious and persistent mental illness, such as schizophrenia.¹⁴



More than 13% of older adults report patterns of problematic binge drinking

Like mental illness at any age, mental illness in later life is the result of a complex interplay of biological, psychological and psychosocial factors.¹⁵ The most significant risk factors for depression in older adults, for example, include: a previous history of depression; physical illness or disability; cognitive impairment; social isolation; bereavement; and sleep disturbance.¹⁶ Problematic substance use in later life is associated with depression, physical health problems, social isolation and challenging life transitions, such as retirement.¹⁷ Genetics also play a role in later life substance use disorder.¹⁸

Awareness of risk factors for mental illness in later life assists with prevention and early intervention efforts. Health care providers can screen for the most common, modifiable risk factors for depression (i.e. bereavement, sleep disturbance and disability) and offer services and supports to address these issues.¹⁹ Screening for social isolation and loneliness can help connect older

adults to programs and services designed to improve social skills and increase opportunities for social interaction.²⁰ Health care providers can also support older adults at risk of mental illness by encouraging an overall focus on health and wellness and promoting mentally healthy aging.²¹

For older adults who need treatment for their mental illness, there are a variety of evidence-informed treatment and clinical care options that can successfully mitigate symptoms and improve quality of life. Older adults with mental illnesses such as depression, anxiety or substance use disorder can benefit from psychosocial interventions (e.g. support to increase social interaction, psychoeducation), psychotherapy (e.g. Cognitive Behavioural Therapy (CBT)) and medications (e.g. Selective Serotonin Reuptake Inhibitors (SSRIs)).²² There is also promising evidence that digital and virtual care options can enhance treatment options, as well as screening and assessment practices, for mental illness in older adults.²³ When providing mental health treatment to older adults, experts recommend that health care providers take a 'stepped care' approach by providing the least intrusive treatment options first and then progressing through a continuum of increasingly intensive options based on individual need and response.²⁴

While most older adults respond well to psychosocial interventions, psychotherapy and/or medications, these treatments do not work well for everyone. At least 21% of Ontarians with major depressive disorder have treatment-resistant depression (TRD).²⁵ For older adults with TRD, electroconvulsive therapy (ECT) can be effective at relieving symptoms,²⁶ though many people refuse this treatment as there are significant risks and stigma involved with the procedure.²⁷ An alternative, emerging treatment option for older adults with TRD is repetitive transcranial magnetic stimulation (rTMS) — an evidence-informed, effective, non-invasive, and safe brain stimulation technique which experts recommend for some older adults.²⁸

Older adults with a severe and persistent mental illness such as schizophrenia can benefit from anti-psychotic medications such as olanzapine and risperidone to improve the core symptoms of their illness.²⁹ However, there is a greater risk of serious side effects from these and other anti-psychotic medications as

people age, so experts recommend gradually tapering to determine the lowest effective dose.³⁰ There is also a tendency for symptoms of schizophrenia to improve naturally with age, so lower doses of anti-psychotics are recommended for this reason as well.³¹ In addition to cautious use of medications, older adults with schizophrenia can benefit from psychotherapy and

psychosocial interventions to improve functional outcomes and quality of life.³² Cognitive Behavioural Social Skills Training (CBSST) is one psychosocial intervention with extensive evidence demonstrating its ability to stabilize functional abilities in older adults with schizophrenia³³ and would benefit from widespread implementation.

Suicide

Suicide is a complex and tragic public health problem that impacts people of all ages, including older adults. The suicide rate for older adults in Canada is relatively high, particularly amongst older men. For men aged 80 and older, the suicide rate is 21.5 per 100,000 and for those 90 and over it is 24.8 per 100,000.³⁴

There are many, interconnected individual, social and environmental risk factors for suicide,³⁵ though it is widely recognized that a previous suicide attempt is the strongest known risk factor.³⁶ A history of deliberate self-harm and/or suicidal thoughts is also a significant risk factor³⁷ and older adults who self-harm are 67 times more likely to die by suicide than older adults in the general population.³⁸ Mental illness is another common risk factor for suicide. Ninety percent of suicide deaths are associated with mental illness³⁹ and in older adults, depression is a key risk factor for suicide.⁴⁰ Substance use is also linked to suicide in older adults.⁴¹ Other risk factors for suicide in older adults include social isolation,⁴² bereavement and sleep disorders.⁴³ Physical illness and functional disabilities are also associated with suicide in older populations, but are typically overlooked in suicide prevention initiatives.⁴⁴

Despite the high rates of suicide in older adults, research on suicide prevention in this population is limited. The research that does exist indicates that suicide prevention initiatives that are effective for older adults differ from those that work best for younger populations.⁴⁵ Primary care-based interventions that focus on the screening and management of depression have the strongest evidence for reducing suicidal ideation in older adults.⁴⁶ Such interventions consist of collaborative and supportive depression care, medication supports and psychotherapy.⁴⁷ Other interventions that address depression and social isolation, such as treatment (medication, psychotherapy), telephone counselling and community based programs for at-risk older adults also show promise for reducing suicidal ideation among this population.⁴⁸

Dementia

Dementia describes a broad set of chronic and progressive symptoms caused by neurodegenerative or vascular illnesses that affect the brain. Older adults living with dementia experience a decline in cognitive abilities such as memory, judgment and planning and eventually lose the ability to perform basic tasks like dressing, bathing and eating.⁴⁹ Up to 90% of people living with dementia also develop a serious mood or behaviour problem which requires treatment or intervention.⁵⁰

About 5% of seniors have dementia.⁵¹ In Canada, there are currently more than 419,000 adults who are 65 and

older that have been diagnosed with dementia,⁵² and each year 1 in 3 seniors die with dementia. The number of older adults with dementia is expected to increase in the coming years with estimates that 1 in 5 Baby Boomers will develop dementia in their lifetimes.⁵³ While there are various forms of dementia, the most common is Alzheimer's Disease which contributes to about 60-70% of cases.⁵⁴

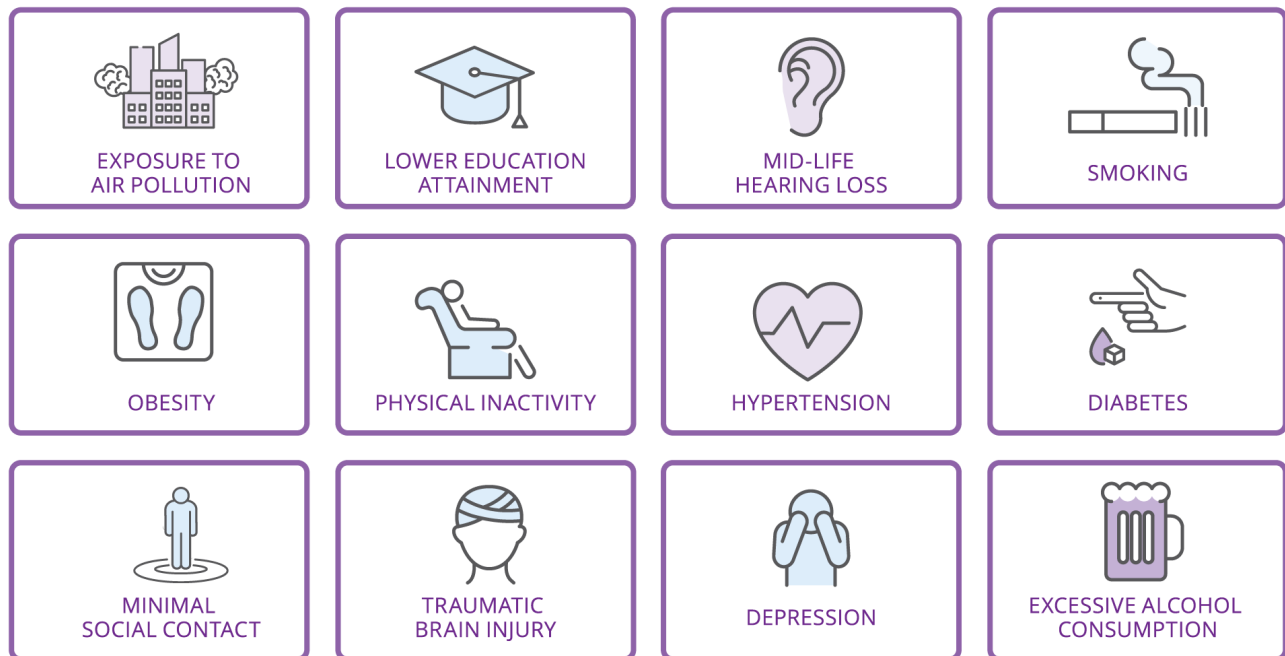
Like mental illness in later life, there are both non-modifiable (e.g. a person's genes) and modifiable risk factors for dementia. Researchers have identified twelve modifiable risk factors that account for

40% of dementias across the globe: exposure to air pollution, lower education attainment, mid-life hearing loss, smoking, obesity, physical inactivity, hypertension, diabetes, minimal social contact, traumatic brain injury, depression and excessive alcohol consumption.⁵⁵ HIV infection, which can disproportionately impact 2SLGBTQ+ seniors, directly increases the risk of developing dementia.⁵⁶ There is also emerging evidence suggesting that severe COVID-19 infection may increase an individual's risk of developing dementia in later life.⁵⁷

Since modifiable risk factors have the potential to be changed, there is a major focus in Canada and around the globe on introducing health promotion activities and preventative interventions that target these risk factors.⁵⁸ Addressing modifiable risk factors has the potential to prevent or delay 1/3 of dementia cases.⁵⁹ At the individual level, these efforts require health care providers to identify and treat depression, hypertension and/or diabetes in their patients and encourage healthy eating, exercise, smoking cessation and increased social contact.⁶⁰ More evidence is needed on the effectiveness of these strategies, but the information that does exist is promising and experts encourage people to actively engage in dementia

prevention efforts early on and throughout their lives.⁶¹ To do this, public health approaches that focus on increasing social, cognitive and physical activity as well as promoting heart health, particularly amongst high risk groups, are recommended.⁶²

Prevention efforts are crucial because there are no current treatments to stop the progression of dementia.⁶³ There has been recent attention on a new, controversial medication called aducanumab that was approved for use in the United States and appears to slow cognitive decline in people with early Alzheimer's Disease. However, there remain many questions about the safety and effectiveness of this medication and Health Canada has not approved it at this time.⁶⁴ That means that right now dementia care focuses on treating and managing mental health symptoms, such as depression and psychosis, and behavioural challenges, such as agitation, in an effort to relieve individual and caregiver distress. Similar to treatment of mental illness in older adults, a 'stepped care' approach to treatment and management of dementia is recommended by experts.⁶⁵ This can include introducing psychosocial interventions such as social activities and music therapy which can be effective in relieving mental health symptoms and agitation in the



Twelve modifiable risk factors account for 40% of dementias across the globe

short-term.⁶⁶ The challenge is that such interventions are typically offered in long-term care facilities and many seniors with dementia still live in their own homes.⁶⁷ Medications are recommended only when psychosocial interventions do not work, symptoms are distressing for the person with dementia, or their behaviours are risky to themselves or others.⁶⁸ Even then, evidence on the effectiveness of medications, particularly anti-psychotics and anti-depressants, is

limited. Anti-psychotics in particular are associated with serious side effects that generally offset the benefits.⁶⁹ Despite the lack of effectiveness and harms associated with these medications, they are often overprescribed to people with dementia.⁷⁰ Developing standardized and integrated care pathways to better manage symptoms and behaviours, reduce variation in treatment, and minimize overprescribing is a promising and highly needed approach to dementia care.⁷¹

Delirium

Delirium is an acute disorder that affects the attention, cognition and behaviour of about 23% of older adults during hospital admission.⁷² Older patients with dementia and those undergoing specific medical procedures are at a higher risk of developing the disorder.⁷³ Delirium is a serious condition that if left untreated can be fatal, but it is often missed by health care providers.⁷⁴ There are various reasons that health care providers overlook delirium, including a lack of awareness of the risk factors or clinical features, its similarity to dementia, the fluctuating nature of the disorder, and lack of routine screening and assessment.⁷⁵ This has led to calls for better education and training for health care providers on identifying, preventing and managing delirium⁷⁶ as well as routinizing screening and assessment of older adults in hospital settings. The 4 'A's Test, for example, is an evidence-informed, standardized clinical tool that health care providers can use to quickly assess the alertness, orientation, attention and any acute changes or fluctuations in an older patient's attention or cognition.⁷⁷ Once delirium is identified, multi-component interventions that address sleep, hydration, mobility, visual and hearing support, and cognitive impairment management can be used to successfully manage a patient's symptoms.⁷⁸ In some situations, medications may need to be used.⁷⁹ The Canadian Coalition for Seniors' Mental Health (CCSMH) offers a set of national guidelines for assessing and treating delirium that health care providers can use when working with older patients.⁸⁰

Challenges and opportunities

Mental illness and dementia in later life do not exist in a vacuum. The lives of seniors with mental illness and dementia can be impacted by many factors which ultimately play a role in whether they receive the treatment, care and supports that they need. In this section we look at some of the challenges experienced by older adults with mental illness and dementia, and opportunities for addressing these challenges.

Care and supports

Primary care

Mental illness is frequently under-recognized and under-treated in older adults.⁸¹ About 70% of older adults with depression and anxiety, for example, do not get the mental health treatment that they need.⁸² Part of the reason that mental illness in seniors is overlooked is that primary care providers lack the appropriate information, resources and tools to recognize and treat later life mental illness.⁸³ Primary care providers may not be aware that seniors with depression typically present differently than younger patients. Older adults tend to have physical complaints, or show signs of social withdrawal or problems with self-care rather than have a depressed mood.⁸⁴ Moreover, depression symptoms in older adults can be subtle, or not 'serious' enough to meet the official criteria for major depression while still causing significant impairment.⁸⁵ It is also easy for primary care providers to misdiagnose mental illness in older adults because symptoms of one mental illness can be difficult to distinguish from another mental illness. Both depression and alcohol use disorder, for example, can mimic dementia.⁸⁶

Since most seniors receive health care from a primary care provider, it is important that these professionals have the knowledge and skills to identify and treat later life mental illness. Primary care professionals can benefit from education and training to increase their awareness of later life mental illness, identify risk factors, and understand the complexities associated with mental illness later life.⁸⁷ They can also benefit from acquiring the skills to conduct age appropriate screenings and assessments of common mental illnesses in older adults,⁸⁸ and increasing their awareness of effective treatments. To support them in this work, primary care providers need assistance from specialists in the area. This can be challenging

given there is a significant and growing shortage of geriatric psychiatrists who are available to primary care providers for consultation and referral.⁸⁹ While broader efforts are needed to boost the geriatric psychiatry workforce,⁹⁰ implementing initiatives to connect primary care providers to mental health experts can help build capacity. For example, Project Echo, a virtual knowledge network, has been used to connect health care providers across the country with geriatric psychiatrists who provide expert advice and support to help primary care providers look after their patients with later life mental illness.⁹¹ Integrated care pathways (ICPs) within a collaborative care framework are also effective. This model, whereby primary care providers use a prescribed, stepped care approach to treat older patients with mental illness in collaboration with consulting psychiatrists, results in better access to care, faster symptom reduction and improved quality of life compared to treatment as usual.⁹²

Another challenge for primary care providers is the complex health care needs of older adults with mental illness or dementia. Many seniors with mental illness or dementia also have physical health problems. One Canadian survey found that 94% of older adults with mental illness also had chronic physical health conditions,⁹³ and mental illnesses such as depression and substance use disorder can exacerbate physical health conditions such as diabetes, hypertension and cardiovascular disease.⁹⁴ Mental illness in later life is also linked to increased disability, poor outcomes from physical illnesses, impairment in social functioning, reduced quality of life and decreased life expectancy.⁹⁵ Further, alcohol misuse in later life can exacerbate other, existing mental illnesses such as depression, and increase risk of physical illnesses and accidents.⁹⁶ Also, as already noted, mental illness in later life is linked with dementia⁹⁷ and suicide.⁹⁸

Given the health care complexities experienced by older adults with mental illness or dementia, seniors and their primary care providers can benefit from comprehensive primary health services provided in integrated and collaborative care settings.⁹⁹ By integrating mental and physical health care into primary care settings, interdisciplinary teams of health care providers can work together to address the physical health, mental health and psychosocial needs of older adults.¹⁰⁰ Studies have shown that integrated, collaborative care management of older adults with depression leads to better engagement in

treatment, significantly reduces depression symptoms and improves both physical and social functioning.¹⁰¹ It is also cost-effective over the longer term.¹⁰² Further, integrated and collaborative care models show promise for effectively treating marginalized older adults with mental illness,¹⁰³ particularly because these

settings provide an opportunity to address poor social determinants of health which can be a barrier to mental health care and treatment. Integrating health care with social services can also improve health outcomes in older adults and provide a greater return on investment than when these services are provided separately.¹⁰⁴

Older adults with serious and persistent mental illness

Older adults who have aged with a serious and persistent mental illness such as schizophrenia often have extremely complex health and social needs. They may experience challenges with activities of daily living, difficulties in social functioning, poor social determinants of health and co-occurring substance use disorders, and often require significant support.¹⁰⁵ Seniors with serious and persistent mental illness experience the ‘double jeopardy’ of being at both an increased risk of physical illnesses associated with older age and at an increased risk of physical illnesses associated with having a serious and persistent mental illness.¹⁰⁶ They are more likely to have diabetes, hypertension and heart disease compared to other older adults. Their poor physical health is further associated with increased disability, reduced functioning, placement in long-term care and high use of emergency services.¹⁰⁷ Because of their complex health and social needs, there is a greater risk of seniors with serious and persistent mental illness experiencing barriers to health care and receiving inadequate or inappropriate care compared to older adults without serious and persistent mental illness¹⁰⁸. These combined challenges put older adults with serious and persistent mental illness at high risk of poor health outcomes and early mortality. Having schizophrenia is associated with a 20% shorter life span compared to the general population.¹⁰⁹

For these reasons, older adults with serious and persistent mental illness can benefit from integrated and collaborative primary health care, particularly when the social determinants of health are also addressed.¹¹⁰ There are also specific integrated health care interventions that benefit the health of older adults with serious and persistent mental illness.¹¹¹ The HOPES model, for example, is an evidence-informed intervention that simultaneously addresses the mental health and physical health needs of older adults with serious and persistent mental illness through psychosocial rehabilitation and health care management.¹¹² In this model, seniors with serious and persistent mental illness receive community mental health supports, weekly psychosocial skills training and health care case management.¹¹³ Participation in the HOPES program is associated with improvement in health care access, social functioning and independent community living skills.¹¹⁴ Despite its successes, HOPES has not been widely implemented and experts have recommended further research to better understand the lack of uptake in primary care practices.¹¹⁵

In addition to integrated primary care, older adults with serious and persistent mental illness who also experience significant challenges in daily living and social functioning can benefit from the intensive, collaborative health care provided by Psychogeriatric Assertive Community Treatment (ACT) teams. Psychogeriatric ACT teams consist of multidisciplinary health care providers, including those who specialize in geriatric mental health, who provide psychiatric and medical care along with psychosocial rehabilitation.¹¹⁶ While Psychogeriatric ACT teams are successful at supporting hard to serve populations, they are not widely available. In Toronto, for example, there is only one Psychogeriatric ACT team serving the entire city, leaving many older adults with serious and persistent mental illness with unmet health needs.

Home and community care

The vast majority of older adults with mental illness or dementia want to live in their own homes, but many will require support and care to do so. Home and community care was specifically designed to help older adults stay safely in their homes by providing services such as nursing, rehabilitation, and personal care, as well as support and respite for caregivers.¹¹⁷ For older adults with mental illness, particularly those with serious and persistent mental illness or dementia, more intensive and specialized home and community care may be needed for them to remain safely at home, such as the variety of services provided by **LOFT Community Services (LCS)** and **SPRINT** in Toronto. Similarly, older adults with complex behavioural needs related to mental illness or dementia may benefit from programs such as **Behavioural Supports Ontario (BSO)** which provide specialized, home-based supports to seniors and their caregivers.

When implemented as intended, home and community care improves quality of life for older adults and leads to cost savings for governments.¹¹⁸ Unfortunately, many older adults with mental illness or dementia are not able to get the amount and type of supports that they need to remain safely in their homes. One review found that about 40% of Canadians who receive home and community care have unmet support needs.¹¹⁹ When care and support needs are not met in the community, older adults with mental illness or dementia can find themselves living in long-term care facilities or hospitals, despite not needing such intensive care. When in hospital, these individuals are likely to receive an Alternate Level of Care (ALC) designation, meaning they do not have acute care needs, but are 'stuck' in hospital because there is nowhere appropriate for them to go. Many of these older adults could be discharged home if there were adequate supports available to them through the home and community care sector.¹²⁰ Instead they remain in hospital waiting for placement in long-term care facilities —negatively affecting both their own health and system resources. Without significant advances in the home and community care sector, this situation can only be expected to get worse. It estimated that the demand for home and community care in Canada will increase by 53% between 2019 and 2031.¹²¹

While labour shortages are a factor,¹²² the main reason that home and community care is unable to meet the



Older adults need access to a range of care and supports, including primary care, home and community care, and long-term care.

needs of older adults with mental illness and dementia is that these programs and services are significantly underfunded in Canada.¹²³ Canada spends only 1.2% of its GDP on long-term care services¹²⁴ and of that small amount, only 11% goes to the home and community care sector. The other 89% goes to long-term care facilities and hospitals.¹²⁵ Therefore, a significant infusion of funding, and a redistribution of dollars within the long-term care portfolio is needed to ensure that older adults with mental illness or dementia have the supports they need to be able to live safely and successfully in their homes. One recent analysis estimated that shifting resources from long-term care facilities to home and community care — taking into account higher levels of need amongst some home and community care clients — would result in \$2.2 billion in health care system savings by 2031.¹²⁶

Ontario's 2022 budget promised investments of up to \$1 billion over three years to expand and improve home care, as well as \$100 million to expand community care programs such as adult day programs and meal services.¹²⁷ This is a much needed investment. It will be important to ensure that home and community care programs that are equipped to support older adults requiring high levels of support are expanded as part of these efforts. Ontario's new High Intensity Support program, for example, shows promise for supporting older adults with complex physical and mental health needs in the community by providing up to 11 hours a day of individualized, comprehensive and coordinated care,¹²⁸ but the program does not explicitly include dementia-specific care as a core service which may undermine its success in supporting high-needs seniors.¹²⁹

Long-term care facilitiesⁱ

While ensuring that the necessary supports are available to older adults who can and want to live at home, there will always remain a growing need for long-term care facilities that can provide residential care to those with mental illness or dementia who also have physical illnesses or functional impairments. Right now, about 64% of residents in Ontario long-term care facilities have dementia¹³⁰ and 40% have a mental illness.¹³¹ There is also overlap between the two, with an increasing number of residents having both dementia and mental illness.¹³² On the whole, long-term care residents present with complex needs - most residents have some form of cognitive impairment (90%), require extensive help with personal activities (86%) and/or demonstrate some degree of aggressive behaviour (50%).¹³³

The increasingly complex health and behaviour needs of long-term care residents puts a strain on already overworked long-term care staff who do not always have the additional skills and training needed to care for these vulnerable seniors.¹³⁴ Verbal and physical aggression can be particularly difficult for staff to address. Mobile behavioural support teams, which are intended to respond to calls from long-term care facilities to provide specialized supports to residents with complex behavioural needs, can take weeks to respond to requests for assistance.¹³⁵ Instead, medications are overprescribed and/or used inappropriately to control symptoms and aggressive behaviours in long-term care residents with mental illness or dementia.¹³⁶ A recent review found that 61% of all residents in Ontario long-term care facilities were taking 10 or more medications¹³⁷ and research from 2010 found high use of anti-psychotics, anti-depressants and benzodiazepines amongst residents of Canadian long-term care facilities - despite the risks associated with these medications in frail older adults.¹³⁸ Stigma and fear of mental illness further impacts how long-term care staff interact with older adults with complex conditions.¹³⁹ Experts interviewed for this paper noted that stigma plays a role when older adults with serious and persistent mental illness and challenging behaviours apply for long-term care

facilities and find themselves turned away because their needs are deemed too high. In other instances, long-term care facilities attempt to send high needs residents, such as those with dementia, to specialized facilities (which are few and far between) instead of working to meet their needs.¹⁴⁰

In addition to broader reforms that are needed within long-term care facilities,¹⁴¹ there are specific improvements that can be made to enhance the experiences of residents with mental illness or dementia, and the staff who care for them. For example, the CCSMH has guidelines for assessing and treating mood disorders and behaviours in long-term care facilities and provides a range of strategies that staff can use to support residents with dementia and mental illness.¹⁴² Standardizing dementia care in long-term care homes using ICPs (i.e. structured, multidisciplinary care and treatment plans) is a promising strategy for addressing complex behavioural challenges.¹⁴³ Staff training that focuses on recognizing and caring for residents with serious mental illness and complex behaviours can be beneficial, particularly if it is integrated with dementia care training and includes a focus on anti-stigma and mental health recovery principles.¹⁴⁴ It is also important that long-term care staff get timely support from mental health care professionals who provide on-site specialized care to residents with challenging behaviours. Equipping every long-term care home with a behavioural support team, for example, would improve quality of life for residents and reduce transfers to hospitals.¹⁴⁵ Specialized behavioural support units in long term care facilities, such as those announced recently by the Ontario government,¹⁴⁶ also have potential benefits for residents and staff. In addition, the creation of more specialized, supportive home-like environments for older adults with advanced dementia and severe behaviour challenges, such as the Dorothy Macham Home for Veterans in Toronto¹⁴⁷ has been recommended by experts in the field.

Finally, as addressed by the Long-term Care Commission in the wake of COVID-19, cultural change within long-term care facilities can improve quality

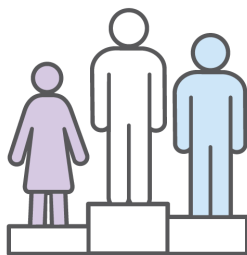
ⁱ This section focuses specifically on the experiences of older adults with mental illness or dementia living in long-term care facilities. The challenges they face, like many others in the long-term care system, were magnified and exacerbated by the COVID-19 pandemic. While the broader problems affecting long-term care are beyond the scope of this paper, both the Long-term Care Commission (Marrocco, Coke & Kitts, 2021) and the Auditor General of Ontario (AGO, 2021) provide excellent overviews and recommendations to improve the overall health and well-being of all people living in long-term care facilities.

of life and care for all residents.¹⁴⁸ Small, home-like and person-centred models, such as the Butterfly Model, have not yet been rigorously evaluated, but are associated with increased levels of social engagement, reduction in anti-psychotic use, and lower levels of agitation in residents with dementia. These models also have a positive impact on staff satisfaction and their capacity to provide individualized care to residents.¹⁴⁹

Caregiver support

About 1 in 4 Canadians over the age of 15 are caregivers to a family member or friend with a long-term health condition.¹⁵⁰ Caregivers of older adults with dementia spend 26 hours a week on average providing care and support to their loved one¹⁵¹ and spend 50% more time in their care-giving role compared to those who provide care to older adults without dementia.¹⁵² Caring for an older adult with serious and persistent mental illness or dementia impacts caregiver health and quality of life. A recent study found that 45% of people caring for older adults with dementia felt distressed.¹⁵³ Other research found that about 40% of family caregivers of people with dementia have clinically significant depression or anxiety and experience worse physical health, more absences from work, and lower quality of life than non-caregivers.¹⁵⁴ Caregiver stress and poor mental health are also linked to long-term care admission for the family member with dementia, as well as elder abuse.¹⁵⁵

Ensuring timely access to care and supports for older adults with dementia can significantly reduce caregiver stress, but caregivers need their own resources and supports as well.¹⁵⁶ Caregivers require information, emotional support, self-help tools and other resources to help them care for their loved ones and navigate the health care system.¹⁵⁷



Various health and social inequities impact older adults' mental health

Caregivers can benefit from education and training programs that teach practical skills that equip them to provide person-centred care to their loved ones with dementia,¹⁵⁸ as well as specialized interventions to improve their coping skills and reduce symptoms of depression.¹⁵⁹ Access to dementia-specific respite services are also important for reducing caregiver stress. Unfortunately, wait times for services such as adult day programs, friendly visiting and home care can exceed 6 months in Ontario.¹⁶⁰

Health and social inequities

Ageism and mental health stigma

Ageism is a common experience for older adults. One Canadian study found that 63% of adults over the age of 65 had experienced ageism directly.¹⁶¹ Ageism is exhibited at both the individual and societal level through the prejudicial beliefs, attitudes and behaviours that people hold and display towards older adults and through society's policies and practices.¹⁶² The COVID-19 pandemic highlighted the depth of ageism in Canada through our collective, dismissive response as the virus predominantly sickened and killed older adults living in long-term care facilities.¹⁶³ Ageism can have a significantly negative impact on older adults' mental health and well-being with links to depression, anxiety, and general stress.¹⁶⁴ Ageism is also directly associated with elder abuse which has a devastating impact on quality of life and increases the risk of death.¹⁶⁵

Ageism can intersect with mental health stigma to affect care and treatment for mental illness or dementia in later life. While awareness and understanding of mental illness and dementia are improving, there remains a persistent belief that both are just normal conditions of aging.¹⁶⁶ This may lead older adults to minimize their symptoms and believe they can handle things on their own instead of seeking out care and treatment.¹⁶⁷ When health care providers also hold ageist beliefs about mental illness and dementia it can result in delays and barriers to diagnosis, care and treatment for older adults.¹⁶⁸

Societal and internalized mental health stigma also creates barriers to care for older adults on its own. Stereotypical beliefs about mental illness play a major role in older adults' reluctance to seek mental health care and treatment.¹⁶⁹ For some older adults, receiving mental health care and treatment is seen as a sign of

weakness or a failure to cope.¹⁷⁰ Mistrust or discomfort with mental health care providers¹⁷¹ and fears and misperceptions about what is involved in mental health treatment can further prevent older adults with mental illness from accessing care and supports.¹⁷²

Addressing ageism and mental health stigma is crucial if older adults are to get the mental health and dementia care that they need. Public awareness campaigns have been recommended as one means for reducing stigma and fear around mental illness and dementia in older adults and helping them to access care.¹⁷³ Targeted education, information and resources on mental illness and dementia for older adults, health care providers and service providers who interact with older adults is another way to reduce stigma and facilitate access to care.¹⁷⁴ To address mental health stigma amongst older adults, CAMH has developed an educational workshop series which aims to improve awareness and understanding of mental health and illness, and encourage seniors to seek mental health care if they (or a loved one) need it.¹⁷⁵ Evidence-informed primary care interventions that specifically address stigma, fear and misinformation about mental illness and mental health treatment amongst older adults diagnosed with mental illness also have the potential to increase engagement with treatment and significantly reduce symptoms.¹⁷⁶ Involving peer educators and peer mentors in older adults' mental health care can significantly reduce internalized mental health-related stigma, improve coping skills and decrease symptoms of mental illness.¹⁷⁷

Racism, colonialism, homophobia and transphobia

Older adults who are Indigenousⁱⁱ, Black, racialized and/or 2SLGBTQ+ experience other forms of prejudice and discrimination that takes a toll on their mental health and puts them at greater risk for mental illness and dementia compared to their non-marginalized peers.¹⁷⁸ The systemic and overt racism, colonial violence, homophobia and transphobia experienced by marginalized older adults can both contribute to and exacerbate mental illness and poor mental health.¹⁷⁹ Seniors who experience additional prejudice and discrimination as a result of multiple marginalized identities are particularly vulnerable.¹⁸⁰

Historical and ongoing harms inflicted by racism, colonialism, homophobia and transphobia also impact access to mental health care and other services. In the US, for example, racialized older adults are less likely to receive mental health treatment than white older adults.¹⁸¹ There are various reasons for inequitable access to mental health care and treatment. Marginalized older adults may avoid seeking out mental health care due to a mistrust of mental health care providers that is rooted in a history of prejudice and discrimination within western medicine.¹⁸² Poverty, culture and language barriers can also prevent Indigenous, Black, racialized and 2SLGBTQ+ older adults from accessing mental health care.¹⁸³ For example, a lack of culturally appropriate mental health services may discourage Indigenous older adults from engaging with mental health care and partially explain why Indigenous seniors rarely receive formal mental health assessments and evidence-informed treatment.¹⁸⁴ Similar problems exist in home and community care, as well as long-term care. A lack of high quality, culturally and linguistically appropriate home and community care leaves marginalized older adults and their families struggling and negatively impacts health and well-being.¹⁸⁵ On some reserves, First Nations older adults do not have any access to home and community care, requiring them to move into long-term care facilities that are often hundreds of kilometres from home.¹⁸⁶

While broader strategies to address racism, colonialism, homophobia and transphobia are beyond the scope of this paper, researchers recommend that dementia prevention strategies include system level actions to reduce the social inequities that put marginalized people at greater risk for dementia.¹⁸⁷ There are also ways to ensure that supports, care and treatment for marginalized older adults with mental illness and dementia are more equitable. Targeted community-based education campaigns that specifically address misconceptions about mental health and mental health treatment held by older adults in these communities may be able to increase engagement with mental health services.¹⁸⁸ Educational programs can help disseminate culturally and linguistically appropriate information on mental health directly

ii In Canada, First Nations, Inuit and Métis (FNIM) are recognized as Indigenous Peoples, each with their own unique cultures, traditions, communities and histories. In this paper, we use the term Indigenous to include all FNIM peoples. When applicable a specific group will be identified.

to seniors from diverse backgrounds. For example, CAMH's educational workshop serious for older adults is currently being adapted to address the needs of older adults who are Métis, Black and racialized, as well as immigrants and refugees and those from different ethno-cultural groups.¹⁸⁹

Creating inclusive and welcoming environments that offer culturally appropriate mental health and dementia care is crucial for encouraging Indigenous, Black, racialized and 2SLGBTQ+ seniors to engage in treatment. For Indigenous seniors, this can include mental health and dementia care that recognizes and honours cultural and spiritual traditions, and offers treatments that facilitate healing through ceremony, reconnection to land, and support from an Elder or Healer.¹⁹⁰ Black older adults may benefit from an Afrocentric approach to mental health and dementia care that specifically addresses the impacts of anti-Black racism and trauma on the mental health of Black people. This approach also strives to mitigate additional harms that can stem from traditional mental health treatment.¹⁹¹ For 2SLGBTQ+ seniors, environments that validate and affirm 2SLGBTQ+ sexual orientation and gender identity are helpful, along with intersectional approaches to care that

recognize 2SLGBTQ+ seniors on an individual level, integrate lived experience into care, and use culturally sensitive and age appropriate language.¹⁹² Other care and treatment interventions, such as ICPs to address agitation in dementia,¹⁹³ have the potential to be adapted to meet the diverse cultural needs of marginalized seniors. Involving peers in mental health care delivery shows promise for engaging with Black and racialized older adults who are wary of traditional mental health treatment.¹⁹⁴

It is also crucial that Indigenous, Black, racialized and 2SLGBTQ+ older adults with mental illness and dementia have access to culturally appropriate home and community care and long-term care. Of particular importance are supports and services that are adapted to the unique needs of Indigenous seniors living on-reserve and rural areas, and care options that allow First Nations older adults to remain in their home communities.¹⁹⁵ Further, all mental health care providers, home and community care workers, and long-term care staff should be provided with anti-oppression, anti-racism and cultural competency training to ensure that they provide care and services in a meaningful and sensitive way.¹⁹⁶

Indigenous older adults

In 2016, the percentage of Indigenous peoples in Canada over the age 65 was 7.3%, and that number is expected to more than double by 2036 - with unique concerns and considerations for different Indigenous groups across the country.¹⁹⁷ Given this steady rise, the health and well-being of Indigenous older adults is an increasingly pressing public policy issue.¹⁹⁸ Indigenous seniors generally have higher rates of physical and mental health problems compared to their non-Indigenous peers,¹⁹⁹ and can experience these health problems at earlier ages.²⁰⁰ Poor health conditions in Indigenous older adults, including mental illness, are often the result of poverty, language barriers, cultural trauma, colonial violence, racism and discrimination.²⁰¹ Post-traumatic stress due to residential schools and other forms of colonial violence have affected whole generations of Indigenous seniors. This trauma has been passed down to families and youth whose own struggles can further impact the mental health of Indigenous older adults.²⁰² Social isolation, which contributes to poor mental health, impacts 19-24% of Indigenous seniors.²⁰³

Not all Indigenous peoples experience the same health challenges as they age. While there is generally a shared experience of aging and mental health amongst many Indigenous older adults, the cultural, linguistic, geographic, and spiritual diversity and heterogeneity of Indigenous communities means that experiences also differ. Métis older adults, for example, can struggle to have their distinct health and social needs understood and may not be able to access some of the programs available to First Nations and Inuit seniors because of barriers unique to their communities.²⁰⁴

Despite the increased risk of poor health, many Indigenous older adults, particularly those living in rural and remote communities in the North, have limited access to health care, especially

mental health care.²⁰⁵ Indigenous seniors may be required to leave their communities and travel long distances to receive treatment.²⁰⁶ Some are even required to relocate to large urban centres for extended periods of time. When they do return home, proper follow-up mental health care is not always readily available.²⁰⁷ When mental health care is available in Indigenous communities, health care providers can lack the training and experience to address the needs of Indigenous seniors²⁰⁸ and the care itself often fails to include Indigenous practices, traditions and languages.²⁰⁹

Similar challenges occur in home and community care, and the long-term care sector. In some Indigenous communities, poverty is a key problem and older adults live in poor quality or overcrowded housing, lack healthy food, and are not able to complete the physical tasks required to ensure they have heat and water.²¹⁰ This can make the typical provision of home care services insufficient or impossible.²¹¹ The well-received First Nations and Inuit Home and Community Care program (FNIHCC) offers some basic home care but is still critically underfunded.²¹² Given the practice of intergenerational caregiving in Indigenous communities, these home care tasks are typically taken on by families. This can be a sizeable commitment for family members on top of other life circumstances,²¹³ and older adults whose families have moved out of their communities for economic, professional or academic reasons, may struggle on their own.²¹⁴ In many cases, the only option is for Indigenous seniors to move to long-term care facilities which are typically far from their home communities.²¹⁵ Such a move can be difficult for Indigenous older adults who may not trust western institutions because of the legacy of colonialism and the trauma created by the residential school system.²¹⁶ The removal of Indigenous seniors and Elders from their homes also adds to the ongoing trauma of Indigenous communities²¹⁷ given the significant role Indigenous older adults play in the protection and passing down of culture and language.²¹⁸

A shortage of funding is a major contributor to the lack of accessible, culturally relevant mental health care and other supports available to Indigenous older adults.²¹⁹ This is compounded by the overlapping and unclear roles of the First Nations and Inuit Health Branch within Health Canada, and the federal and provincial/territorial governments.²²⁰ This confusion not only leads to less money and wasted funding for programs, but also abdication of responsibility and poor follow-up on the services that are available. It also means that First Nations and Inuit seniors are left alone to navigate a complicated bureaucratic system to access the care they need.²²¹

To improve upon mental health care and support services for Indigenous older adults, Indigenous communities must be involved in policy and health system transformation, and have ownership over programs and services. System level reforms that facilitate movement towards Indigenous self-determination over health care, such as the tri-lateral commitment between Nishnawbe Aski Nation and the provincial and federal governments,²²² can ensure Indigenous ownership over mental health care for older adults. Indigenous stakeholders have also identified the need for regional planning with standardized procedures and communication, and better integration and coordination between health care and other sectors.²²³ Some Indigenous communities are already working to improve seniors' health by pulling together resources to create coordinated and comprehensive health care, and home and community care so that Indigenous older adults can continue living safely at home in their communities.²²⁴ Dedicated Indigenous health centers, patient navigators, case managers and other professionals can further improve access to care for Indigenous seniors.²²⁵

Involving Indigenous communities in the development and ownership of mental health care and related supports for older adults helps to ensure that these services are culturally appropriate and relevant.²²⁶ Implementing Indigenous mental health models that are based on the Indigenous Determinants of Health and recognize the key role that culture plays in mental wellness has been recommended.²²⁷ Many Indigenous cultures take a wholistic approach to health in older adults and understand mental wellness as a balance between the mental, physical, spiritual and

emotional. They see mental wellness as a state of well-being that is grounded in cultural values, knowledge, language and practices where individuals have a sense of purpose, hope, belonging and meaning in their lives.²²⁸ In practice, such Indigenous approaches to mental health care can help older adults maintain traditional cultural connections between themselves, the land, family and community and create safe spaces for the sharing of stories.²²⁹ Indigenous approaches to home and community care can include practical supports such as providing food, hauling water, chopping wood for fuel for heating and cooking, and assisting with other daily tasks.²³⁰ In long-term care facilities, it is essential that staff have an understanding of Indigenous cultures and values, embed cultural values into programming and dietary choices, provide interpreters, and ensure virtual connections to long-distance families and communities.²³¹ Long-term care facilities developed by and for Indigenous peoples within their home communities also ensure that older adults receive culturally appropriate care and remain amongst friends and family.²³²

Income and housing

Poverty, financial hardship and housing insecurity negatively impact older adults' mental health²³³ and can increase their risk of developing dementia.²³⁴ Seniors experiencing homelessness are at a particularly high risk of mental illnesses such as depression and substance use disorders.²³⁵

While the poverty rate for seniors has decreased significantly over the past several years,²³⁶ older adults are still one of the most financially vulnerable groups in Canada - 14.5% of older Canadians live on a low income²³⁷ and many others are on the cusp of poverty.²³⁸ In Toronto, 17.4% of older adults live on a low income, with Indigenous and racialized seniors, immigrants, women and those living alone having the highest rates of poverty.²³⁹ Low income seniors, particularly those with mental illness, are at risk of housing insecurity and homelessness.²⁴⁰ In Canada, 24% of older adults spend more than 30% of their income on housing²⁴¹ and 14% of seniors are considered to be in core housing need.²⁴² While the true number of seniors who are experiencing homelessness is difficult to determine, a snapshot of Toronto's homeless population in 2021 found that 15% of people staying in the city's shelters were over the age of 65.²⁴³ In Vancouver, the number of adults aged 65 and older experiencing homelessness tripled between 2008 and 2014.²⁴⁴

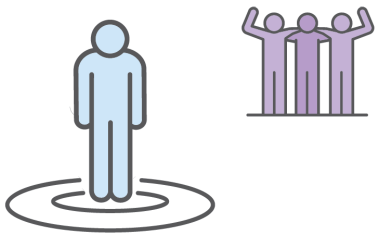
Living in poverty affects the ability of older adults with mental illness and dementia to access mental health care and supports.²⁴⁵ They may not have access to transportation or finances for public transit to attend appointments, or have the resources and supports to help them navigate the complexities of the health care system. CBT, one of the most effective and least

intrusive treatments for anxiety and depression is not covered by Ontario's provincial health plan if delivered outside of specialized programs, thus making it prohibitive for older adults living on lower-incomes. Similarly, older adults living in poverty usually rely on publically funded home and community care which is significantly underfunded.²⁴⁶ While higher-income older adults can pay for additional private home care services, lower-income seniors are left to go without the care that they need, putting them at risk of social isolation and negative health outcomes.²⁴⁷

Alleviating poverty amongst older adults is crucial for their overall mental health and well-being. Recent proposed increases to federal Old Age Security are helpful²⁴⁸ as is the promise to create 12,000 new affordable housing units for older adults through the National Housing Strategy (NHS).²⁴⁹ However, this number falls short of what is actually needed, and there remains a significant lack of affordable housing to meet the growing need of older Canadians.²⁵⁰ For older adults with mental illness who are homeless, Housing First, an evidence-informed supportive housing model that provides affordable housing and individualized supports, can provide housing stability and independence.²⁵¹ However, providing supports to precariously housed older adults to prevent homelessness in the first place would be less disruptive and likely less costly.²⁵² It is also crucial that publically funded home and community care is well-funded to fully meet the needs of seniors living on lower incomes and those living in poverty. Mental health care providers can also help address the complex challenges experienced by older patients living in poverty by using holistic approaches to mental health care that specifically include the social determinants of health.²⁵³

Social isolation and loneliness

Many older adults experience social isolation and loneliness (or the perception of social isolation). About 30% of Canadians are at risk of social isolation and older adults with mental illness and dementia, those living in poverty, Indigenous seniors and 2SLGBTQ+ older adults are more at risk than their peers.²⁵⁴ Older adults with mental illness and those living in poverty are also more likely to feel lonely.²⁵⁵ Social isolation and loneliness negatively impact older adults' mental health and well-being and are linked to increased depressive symptoms, the progression of dementia, and excessive alcohol consumption.²⁵⁶ A recent study of seniors' mental health during the pandemic found that those who felt lonely were five times more likely to show signs of depression than those who did not.²⁵⁷ Social isolation is also a risk factor for, and a result of elder abuse.²⁵⁸



Many older adults experience social isolation and loneliness

Given the link between social isolation, loneliness, and mental health, older adults can benefit from efforts to improve their social connections. Connecting socially isolated and lonely older adults with community activities, social groups and buddy programs, offering transportation services to homebound seniors, and developing physical spaces that create more opportunities for social interaction all have the potential to reduce social isolation and loneliness amongst older adults.²⁵⁹ Some studies have looked at individual psychological interventions to improve social skills, enhance social support and increase social interaction, but outcomes have been variable and evidence on their effectiveness at reducing social isolation and loneliness is weak.²⁶⁰ There is promise,

however, that using CBT to address maladaptive thinking may alleviate loneliness in older adults.²⁶¹

Technology also presents opportunities for socially isolated and lonely older adults to improve their social connections and mental well-being. Higher levels of internet and social technology use amongst seniors are associated with increased social support, reduced loneliness and better psychological well-being.²⁶² Therefore, finding ways to connect socially isolated and lonely adults to these resources may be beneficial. One study, for instance, found that providing support and instruction to older adults to use a specially designed computer system that provided easy access to online information and opportunities for social engagement significantly decreased feelings of loneliness, enhanced perceived social support, and increased well-being amongst participants.²⁶³ The importance of assisting older adults to use technology to develop and maintain social connections was made particularly pertinent during the early stages of the COVID pandemic when virtual communication was vital for staying connected to others.

Research, Policy and Strategy

Research

Research provides an exciting opportunity to improve prevention, intervention and treatment of mental illness and dementia in later life. Dementia research in particular has been a major focus of scientific study with research dating back to the initial identification of Alzheimer's Disease in the early 20th century.²⁶⁴ Since then, international research has focused on identifying and addressing modifiable risk factors to prevent or delay dementia progression, treating associated behavioural and psychological problems, and investigating ways to improve cognitive symptoms.²⁶⁵ Canada, a well-respected leader in dementia research, is also involved in many areas of investigation. The Canadian Institutes for Health Research (CIHR), who are the primary funders of health research in the country, have a Dementia Strategy that focuses on preventing cognitive impairment and dementia, improving early detection and treatment, and improving management of dementia and quality of life for people with dementia and their caregivers. CIHR supports this research nationally, as well as through partnerships with international researchers.²⁶⁶ In Ontario, much of the innovative

research on dementia is supported by the **Centre for Aging + Brain Health Innovation** and the **Ontario Brain Institute**. CAMH is also a leader in this area and is engaged in a range of research efforts that include developing interventions to address modifiable risk factors (particularly mental health related risk factors), investigating non-modifiable risk factors and optimizing care for older adults with behavioural challenges related to dementia (see box 4).

It is important that research on the prevention, treatment and management dementia continues to remain a priority. Canada's Dementia Strategy commits to supporting research and innovation in the country with its priorities lining up with CIHR's Dementia Strategy and includes a specific commitment to better translate research into care and support on the ground.²⁶⁷ The strategy also aspires to an annual investment in domestic dementia research that exceeds one percent of dementia care costs.²⁶⁸ While there are concerns about a lack of sufficient

funding for Canada's Dementia Strategy as a whole,²⁶⁹ the 2022 federal budget included \$20 million over five years for CIHR to increase dementia research, as well as \$30 million over 3 years for the Centre for Aging + Brain Health Innovation to accelerate its work.²⁷⁰ Funding for more research on dementia is crucial, but also important is ensuring that research findings are accessible and beneficial to people with dementia and their families. Therefore, projects that include people with dementia as partners in research, and studies that prioritize equity and the unique experiences of populations at greater risk for developing dementia, such as Indigenous, Black, racialized 2SLGBTQ+ peoples should be a focus of researches and funders.

It is also important to note that while research on dementia prevention often looks at addressing mental health risk factors such as depression and anxiety, preventing and treating later life mental illness is an important research focus on its own that is worth support and investments.²⁷¹

Later life mental illness and dementia research at CAMH

CAMH is one of the world's leading research centres in mental health with over 100 scientists and 12 institutes and centres of innovation that are dedicated to a wide range of research from brain science to clinical practice to the social determinants of health. CAMH researchers are leading numerous research initiatives that are looking specifically at later life mental illness and dementia. In one project, researchers are studying how to optimize non-invasive rTMS treatment for TRD in seniors,²⁷² while in another they are determining the best treatments for older adults with TRD by testing the outcomes and side effects of three different medication protocols²⁷³. CAMH researchers are also investigating modifiable and non-modifiable risk factors for dementia. In one promising study conducted by CAMH and collaborators, older adults with modifiable risk factors that predispose them to developing Alzheimer's disease (e.g. depression, mild memory loss) received electrical stimulation of the frontal lobes of the brain along with computerized brain exercises with the intention of preventing or delaying the start of dementia and improving quality of life.²⁷⁴ Another study found that using ICPs for older adults with dementia risk factors (specifically anxiety, depression or mild memory loss) in collaborative care settings resulted in improved symptoms and better quality of life.²⁷⁵ CAMH studies looking at non-modifiable risk factors and treatment include research that looks at the links between brain plasticity and dementia,²⁷⁶ using brain imaging and blood tests to identify biological risk factors for dementia,²⁷⁷ and creating new molecules that can reverse memory loss and repair underlying brain impairments.²⁷⁸ CAMH researchers have also successfully developed and implemented an ICP to manage agitation and aggression in people with dementia that shows promise for reducing the use of anti-psychotic medications and improving overall care to people with dementia in hospitals and long-term care facilities.²⁷⁹

Policy and systems

The mental health of older adults — like mental health across the lifespan — is often a casualty of public policy and system gaps. Such gaps can contribute to and exacerbate mental illness amongst older adults. Mental health care is underfunded in Canada compared to other nations²⁸⁰ and while the federal government has increased contributions over the past few years²⁸¹ it still does not match the need on the ground. Canada does have a comprehensive mental health strategy which identifies older adults as a priority area, but it is one of 26 other priorities²⁸² and the most recent action plan to advance the strategy makes minimal reference to older adults.²⁸³ Canada also recently developed a comprehensive national dementia strategy, but there are concerns that it is not adequately funded to achieve its objectives.²⁸⁴

A key impediment to supporting older adults' mental health is the lack of national strategy that provides an overall blueprint for seniors' health and well-being and facilitates policy alignment between and amongst levels of government. Without a strong, shared vision for older adults in Canada, seniors' mental health — including awareness, illness prevention, treatment, care, supports and research — risks falling through the cracks. A provincial seniors strategy is also absent in Ontario and contributes to the fragmentation of mental health care and related supports. Experts have noted that the current provincial government has voiced their commitment to supporting seniors' mental health, but the involvement of various ministries and bureaucracies leads to overlap and confusion on the ground. Further, an absence of agreed-upon standards of care for older adults experiencing different mental illnesses contributes to inconsistencies in treatment across the province and across the country.

Governments and decision-makers need to take steps to close policy and systems gaps and improve older adults' mental health. For example, mental health advocates have laid out a plan for the federal government to create a permanent Canada Mental Health and Substance Use Health Transfer that would be equivalent to 12% of provincial/territorial health care spending and create access to universal mental health care across the country.²⁸⁵ Including guidance to the provinces/territories on how this funding should be distributed, as well as direction to ensure equitable spending on seniors' mental health would be beneficial. National standards on treating mental illness in older

adults would also be useful and the [Canadian Coalition for Seniors Mental Health](#) has a variety of guidelines that could serve as models. National standards could also assist in establishing equitable access to mental health care for all older adults no matter where in Canada they live.

Importantly, the development of a National Seniors Strategy (NSS) would demonstrate Canada's commitment to supporting all older adults in Canada as well as offer a shared vision and structure for coordinating policy across and between levels of governments.²⁸⁶ The National Institute on Aging has developed a comprehensive proposal for a NSS that could serve as a template.²⁸⁷ Their proposed strategy addresses a wide-range of issues important to older adults including access to care and supports, healthy living and wellness, ageism, elder abuse, social isolation, poverty, affordable housing, and support for caregivers. While their proposed strategy is comprehensive, it would benefit from an increased focus on seniors' mental health and well-being, and on the specific needs of older adults with mental illness and dementia. A NSS could also benefit from alignment with recommendations from Deloitte on developing a senior-centred aged care system to support older adults' health, social and financial needs.²⁸⁸ Further, an effective NSS would need to be linked with Canada's Dementia Strategy to ensure alignment of priorities, and both would require adequate funding for successful implementation.

At the provincial level, a comprehensive and integrated mental health and social service system for older adults with mental illness and dementia would be useful. The Mental Health Commission of Canada (MHCC) has laid out a vision for such a system which would provide older adults with a single access point to a continuum of care and range of mental health services and supports from primary care to specialized inpatient treatment.²⁸⁹ The MHCC recommends that the system focus on mental health promotion, prevention, early intervention and the social determinants of health, promote cultural safety, require a commitment to workforce recruitment and training, and incorporate the use of technology.²⁹⁰

Mentally healthy aging

It is crucial that older adults with mental illness and dementia get the treatment, care and supports they need live safely in their communities, and that

health and social equity issues that contribute to, or exacerbate poor mental health in later life are addressed. However, it is also important to look at ways to cultivate good mental health and well-being amongst all older adults so that they are able to live their lives to the fullest. There are a variety of system and individual level strategies that can be implemented to support active and healthy aging and improve older adults' mental health and well-being.²⁹¹

Experts note that facilitating mentally healthy aging requires countries to protect older adults' human rights to freedom, security and autonomy, as well as have policies and strategies in place to ensure that older adults' basic needs are met (e.g. housing, support).²⁹² Further, promoting mentally healthy aging means recognizing the contributions of older people and creating environments and opportunities for them to live their best lives,²⁹³ including strategies to address ageism and prevent elder abuse.²⁹⁴ One well-recognized way to address the many facets of mentally healthy aging is through age-friendly communities. Age-friendly communities are designed to help seniors stay healthy, safe and involved.²⁹⁵ They are built on the premise that older adults have a range of skills and abilities, that their autonomy should be respected and vulnerabilities protected, and that older adults should be included in all aspects of community life.²⁹⁶ In age-friendly communities, policies, systems and services ensure that public buildings are accessible, services are respectful, neighbourhoods are safe, housing is affordable and well-designed, opportunities for social and civic engagement exist, and health care and community supports are readily available.²⁹⁷ Age-friendly communities can lay the groundwork for dementia-inclusive communities.²⁹⁸ They can also embed mental health promotion activities, support mental illness prevention strategies and facilitate access to mental health care for older

adults.²⁹⁹ Further, age-friendly communities can better promote mentally healthy aging when they incorporate the unique needs and experiences of all older adults, including those living on low-incomes and Indigenous, Black, racialized and 2SLGBTQ+ seniors.³⁰⁰ In Canada, 10 provinces have committed to promoting age-friendly community initiatives.³⁰¹

At the individual level, mentally healthy aging emphasizes personal health and wellness - getting enough exercise, eating well, quitting smoking and minimizing alcohol consumption.³⁰² It can also include re-envisioning the aging experience. Applying the principles of 'positive psychiatry' to aging is gaining traction and shows promise for improving health outcomes and reducing morbidity and early mortality.³⁰³ Positive psychiatry focuses on promoting desirable traits associated with aging, such as wisdom, and seeks to build individual attributes that are linked to both better mental health and greater longevity, like optimism, resilience and social engagement.³⁰⁴ Interventions that focus on building these traits in older adults have shown beneficial effects.³⁰⁵ One such initiative is the Fountain of Health at Dalhousie University in Nova Scotia which uses positive psychiatry to promote brain health and resilience. This initiative provides clinicians and older adults with tools and resources to optimize brain health and wellness, and a pilot implementation of their health behavior change toolkit was associated with improvement in older adults' overall well-being.³⁰⁶ Another positive psychiatry intervention that holds promise is the 'Art of Happiness' program which offers weekly classes for older adults that focus on various topics including happiness, stress management, mindfulness, compassion, and humour. Initial findings from a small study showed significant improvements in participants' subjective happiness, life satisfaction, stress levels and depression scores.³⁰⁷

What we can do

The Canadian population is aging and with that comes an increasing number of older adults with mental illness and dementia. Mental illness and dementia in later life can have a significant impact on seniors, families, communities and governments. In this Aging and Mental Health Policy Framework, CAMH has highlighted some of the prevention, intervention and treatment options available to older

adults with mental illness and dementia, as well as reviewed some of the challenges and opportunities in seniors' mental health. Addressing these challenges and supporting mentally healthy aging must be a priority for governments and decision-makers. CAMH offers five principles with recommendations to guide the development of comprehensive policy in this area.

Principles for a comprehensive approach to aging and mental health

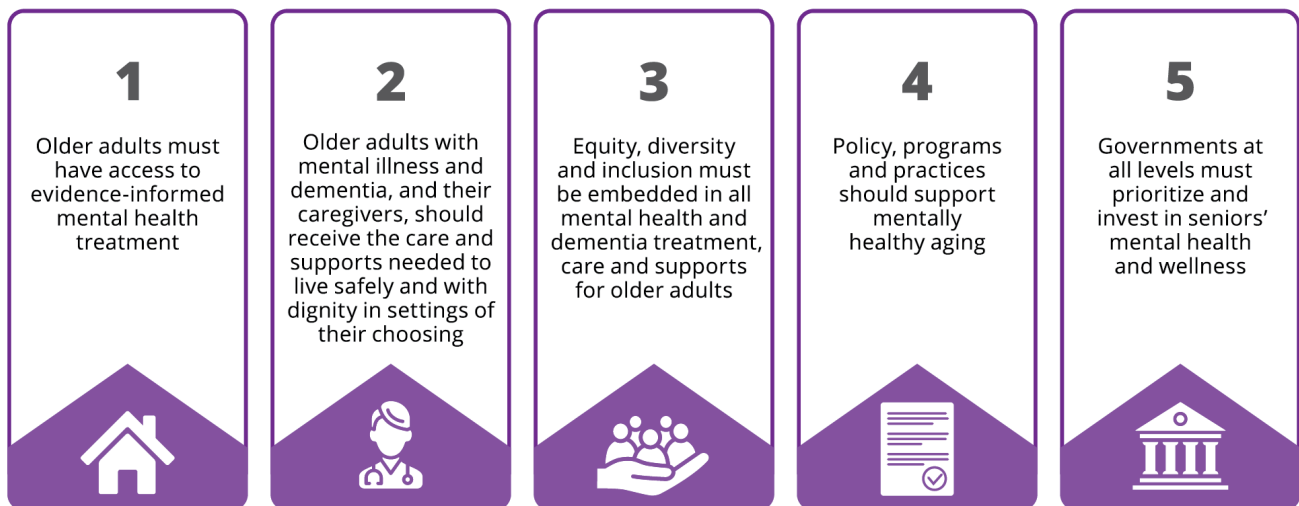
1. Older adults must have access to evidence-informed mental health treatment

CAMH recommendations that result from this principle include:

- Primary care providers routinely screen older adults for risk factors associated with common mental illnesses (e.g. mood, anxiety and substance use disorders) and dementia.
- Primary care providers receive the education and training needed to screen and assess older patients for common mental illnesses.
- Primary care providers receive the education and training needed to identify and support older adults who show signs of alcohol misuse or problematic binge drinking.
- Primary care providers improve their capacity to treat later life mental illness and receive support from mental health experts through virtual knowledge networks (e.g. Project Echo).

- All seniors have access to integrated and collaborative primary care that prioritizes physical health, mental health and the social determinants of health.
- Older adults with serious and persistent mental illness have access to integrated community mental health care, psychosocial supports and health care case management.
- Health care providers use a stepped-care approach to mental health treatment and the treatment and management of dementia.
- Evidence-informed mental health treatments for older adults, such as CBT and rTMS, are publically funded.
- Secondary and tertiary geriatric mental health care is well-resourced and able to provide treatment to all older adults in need.
- Standardized care pathways for older adults with various mental illnesses and dementia are

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implemented across the continuum of care - from primary care and home and community care to inpatient care, specialized clinics and long-term care.

- Routine screening for delirium in older patients is practiced in all health care setting through the use of evidence-informed, standardized clinical tools.
- Standardized guidelines for assessing and treating delirium in health care settings are available and widely implemented.

2. Older adults with mental illness and dementia, and their caregivers, should receive the care and supports needed to live safely and with dignity in settings of their choosing

CAMH recommendations that result from this principle include:

- Seniors who choose to live at home have access to high quality, publically funded home and community care, including dementia-focused supports.
- Intensive and specialized home and community care for older adults with dementia or serious and persistent mental illness are adequately resourced to meet demand.
- Specialized behavioural support teams for older adults with dementia and complex behavioural needs are adequately resourced to meet the demand in the home and community care, and long-term care sectors.
- Integrated and collaborative models of health care and social services are available to marginalized older adults with mental illness.
- There are specialized homes for older adults with advanced dementia and very complex behavioural needs.
- Psychogeriatric ACT teams are resourced to provide service to all seniors with serious and persistent mental illness who require significant supports with daily living and social functioning.
- There is a range of supportive housing options for older adults with serious and persistent mental illness who need support to live successfully in the community.

- Long-term care facilities are required to admit older adults with serious and persistent mental illness or dementia who have complex behavioural needs. Long-term care facilities are resourced and equipped to serve these populations.
- Staff in long-term care facilities have the training and skills to provide care to residents with serious and persistent mental illness or dementia who have complex behavioural needs.
- Staff in long-term care facilities have ready access to specialists, such as behavioural support teams, who assist in providing care to residents with serious and persistent mental illness or dementia with complex behavioural needs.
- There are more small, home-like, and person centred long-term care facilities. Different models are piloted and evaluated for patient, family and staff outcomes.
- Families and caregivers for people with dementia have ready access to information, support and resources to support their own mental health, including access to timely, dementia-specific respite services.

3. Equity, diversity and inclusion must be embedded in all mental health and dementia treatment, care and supports for older adults

CAMH recommendations that result from this principle include:

- Mental health care and treatment for older adults is culturally appropriate and provided in inclusive and welcoming environments.
- All mental health care providers receive anti-oppression, anti-racism and cultural competency training to better serve Indigenous, Black, racialized and 2SLGBTQ+ older adults.
- Home and community care is culturally appropriate and able to meet the needs of Indigenous, Black, racialized and 2SLGBTQ+ older adults.
- Indigenous older adults living in rural and remote communities receive culturally appropriate health, social and practical supports to help them remain safely housed and in their home communities.

- Long-term care facilities provide culturally appropriate care to meet the needs of Indigenous, Black, racialized and 2SLGBTQ+ older adults.
- Funding is provided to develop long-term care facilities by and for Indigenous peoples within their home communities.
- Indigenous communities are involved in policy making and have ownership over programs and services for older adults living in their communities. Self-determination over mental health care is supported and funded.
- Health equity in dementia research is prioritized so that the experiences of populations at greater risk of developing dementia, such as Indigenous, Black, racialized and 2SLGBTQ+ populations, are better understood.

4. Policy, programs and practices should support mentally healthy aging

CAMH recommendations that result from this principle include:

- Older adults are supported and encouraged to seek mental health care when they need it, for example:
 - Public awareness and education campaigns targeting older adults address stigma around mental health, mental illness, and mental health care, and include culturally relevant messaging for Indigenous, Black, racialized and 2SLGBTQ+ seniors
 - Seniors have readily available access to information and resources on mental health, mental illness and mental health treatment in later life
 - Mental health treatment for older adults includes practices that address fear, stigma and misinformation. Peer educators and mentors are involved in mental health treatment.
 - Health care policy advances dementia prevention interventions that target modifiable risk factors, as well as health promotion efforts that focus on health, wellness and mentally healthy aging.
- Health care policy prioritizes dementia prevention and health promotion efforts for

groups at higher risk of dementia, including Indigenous, Black, racialized and 2SLGBTQ+ communities.

- Federal and provincial social assistance programs provide older adults with a livable income. No seniors in Canada live in poverty.
- Sufficient funding is provided through the National Housing Strategy to ensure that the amount of affordable housing for seniors meets demand. There is a focus on seniors housing in Indigenous communities.
- Evidence-informed programs are funded to prevent and provide rapid-exit from homelessness for older adults.
- Programs, supports and services are available to address social isolation and loneliness in older adults. Primary care providers screen for social isolation and loneliness in older patients.
- Addressing ageism and elder abuse are societal priorities. Governments enact legislation that ensures timely and significant responses to incidents of elder abuse. Health care providers know how to identify and respond to elder abuse.
- Age-friendly communities are the norm across the country. There are laws, policies, programs, services, and opportunities that support older adults to live physically and mentally healthy lives.
- Age-friendly communities include mental health promotion activities, support mental illness prevention strategies and facilitate access to mental health care and treatment.

5. Governments at all levels must prioritize and invest in seniors' mental health and wellness

CAMH recommendations that result from this principle include:

- The federal government enacts a Canada Mental Health and Substance Use Health Transfer that includes sufficient funding to address mental health across the lifespan. Provinces/territories are encouraged to invest adequate funds to ensure coordinated and comprehensive mental health care for older adults.
- There are national standards for treating common mental illnesses in older adults as well as more complex and co-occurring conditions.

- Canada has a National Seniors Strategy with clear objectives and goals. The strategy is well-resourced and aligned with other government policies, such as the Dementia Strategy, National Housing Strategy and Poverty Reduction Strategy.
- Canada's National Seniors Strategy includes later life mental health and wellness, and mental illness as priority areas.
- Canada's National Dementia Strategy is sufficiently funded to meet its objectives
- Ontario has a Provincial Seniors Strategy that includes mental health and wellness as a priority area. The strategy is led by one Ministry and coordinated within and between levels of government.
- The Canadian Institutes for Health Research continues to prioritize funding for research that focuses on prevention, early intervention and treatment of dementia, as well as treatments for later life mental illness. Resources are enhanced.
- There is more research funding to better understand suicide ideation and suicide prevention in older populations.
- There is more research funding to explore digital mental health care and related social interventions for seniors.

Conclusion

The number of older adults with mental illness and/or dementia is increasing in Canada. With the right mental health care and other supports these seniors (and their caregivers) can learn to manage their symptoms and live their best lives. Unfortunately, there are a range of individual-level and societal-level factors that not only impede access to care and supports, but also increase the risk of developing or exacerbating mental illness and dementia. Marginalized older adults, such as those living in poverty and those who are Indigenous, Black, racialized and/or 2SLGBTQ+ are particularly at risk

of developing poor mental health and experiencing difficulties accessing appropriate mental health care and other supports. Therefore, it is imperative that governments and decision-makers step-up and prioritize public policies that support mentally healthy aging and address prevention, intervention and treatment of mental illness in older adults. Seniors' mental health is health, and it must be recognized as such. We hope that the 5 principles and examples of action provided in this paper will guide governments and decision-makers in the right direction.

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