Emerging Issues In Our Aging Population:

Discussion of Mental Health and Legal Issues Affecting Our Clients

S-HSJCC
Nov 8, 2012

PC Patricia Fleischmann
Vulnerable Persons Coordinator
Toronto Police Service

Topics…

- demographics & diversity
- ageing process
- (domestic violence &) elder abuse
- legislation
- SDM, SDA, HCCA
- duty to report
- ageism
- common mental disorders
- substance use/abuse
- TPS – EDP
- resources

Why the concern about "older or vulnerable persons?"

- demographics
- lifestyle choices
- effects of ageing process
- effects of abuse/neglect
- overlooked family violence victim
- community-based policing

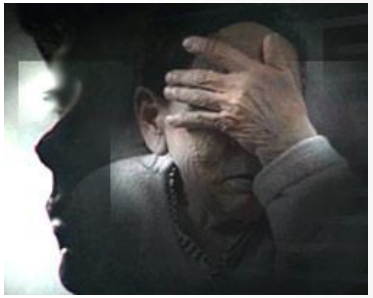
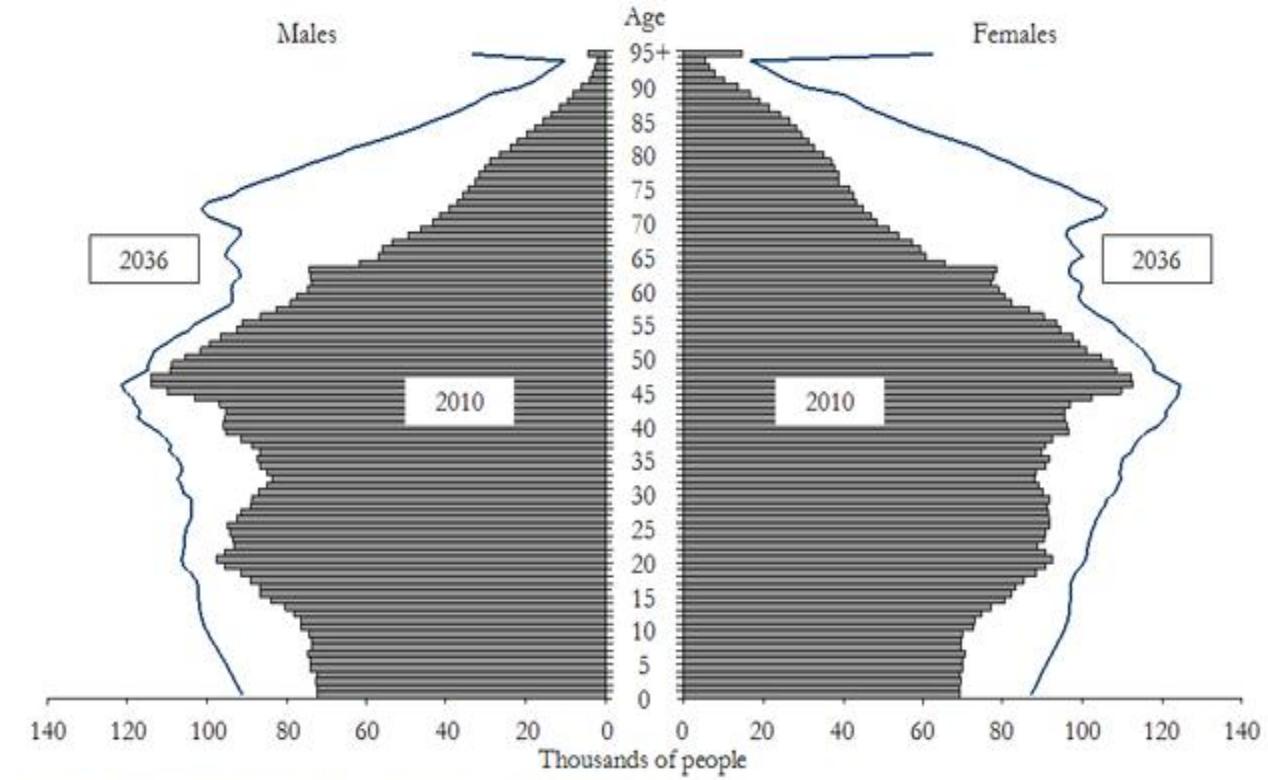


Chart 4

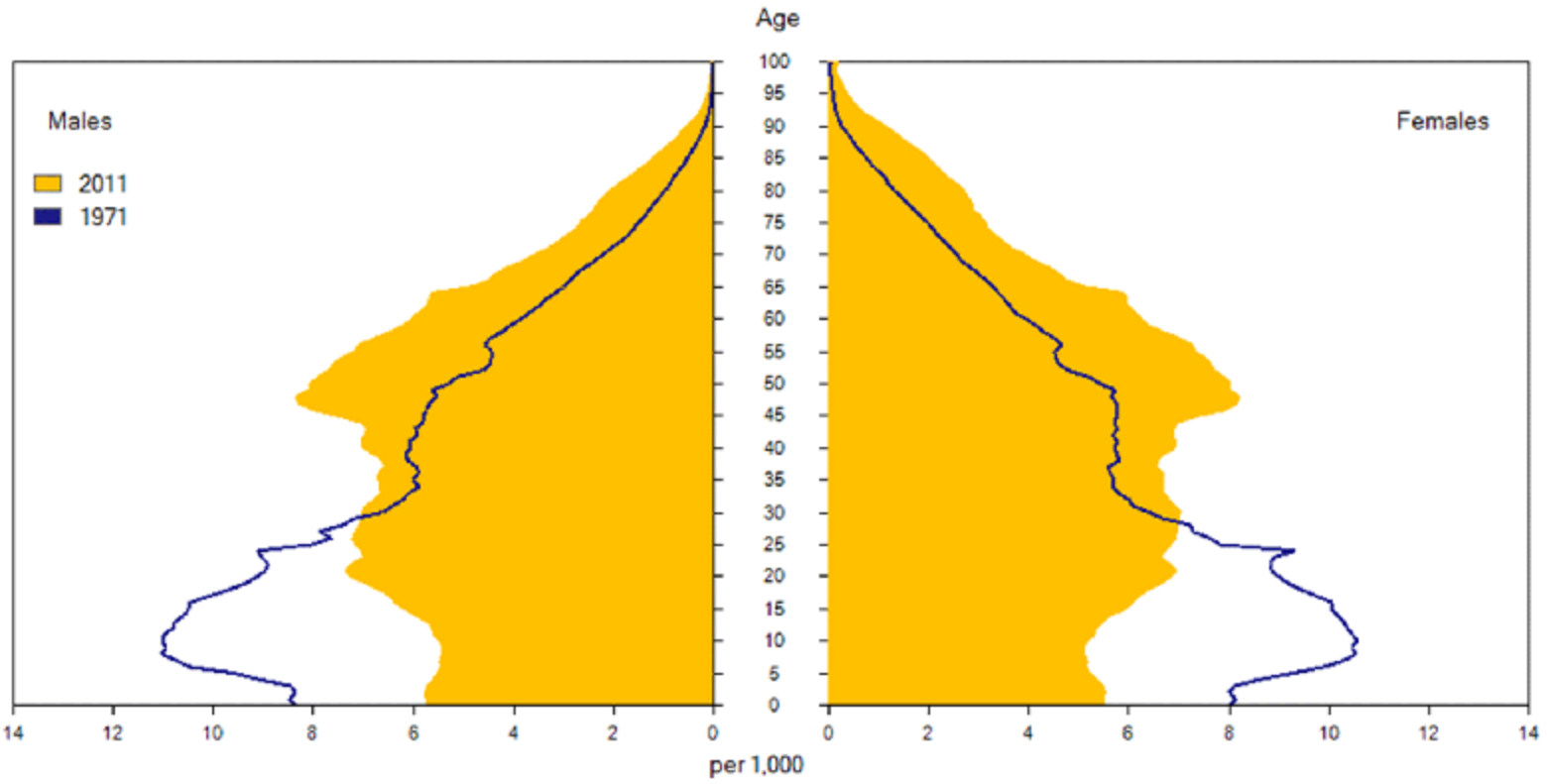
Age pyramid of Ontario's population, 2010 and 2036



Sources: Statistics Canada, 2010, and Ontario Ministry of Finance projections.

Age pyramid of pop'ltn estimates

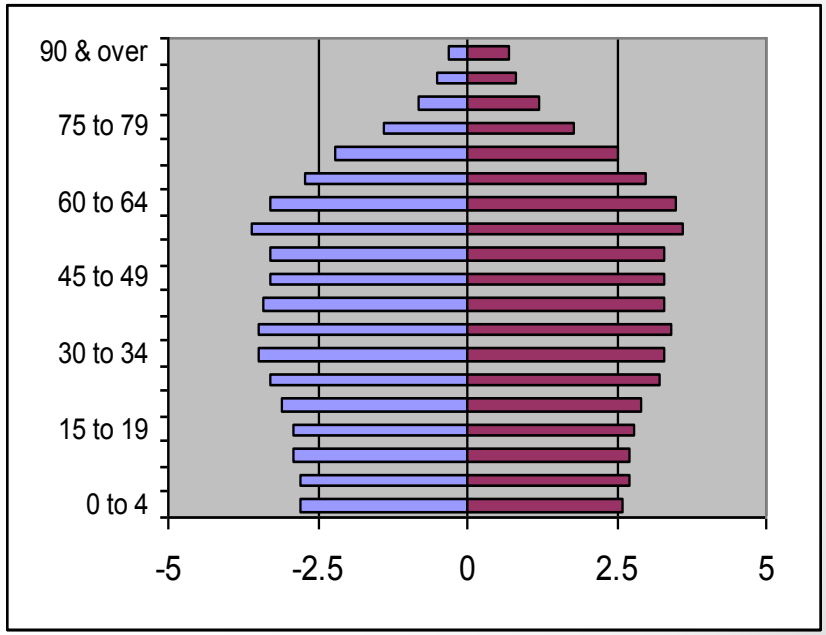
(Statistics Canada)



Projected Canadian pop'ltn by age & sex, 2021

- in 2000, 13 % of pop. > 65 yrs. - by 2021, 1/5th of pop. expected to be > 65 yrs.
- in police reported data, of violent crimes against older adults, common assault most frequent offence experienced by older adults from family members (54%)

- Canadian Council on Social Development for the Division of Aging and Seniors, Health, Canada, 1998



Toronto: top15 home languages

(excluding English & multiple languages)

1. Cantonese 67,210 (2.8%)
2. Other Chinese dialects* 64,075 (2.7%)
3. Mandarin 50,430 (2.1%)
4. Tamil 48,680 (2.0%)
5. Spanish 45,330 (1.9%)
6. Tagalog 37,195 (1.5%)
7. Italian 35,025 (1.5%)

http://www.toronto.ca/demographics/pdf/language_2011_backgrounder.pdf

Toronto: top15 home languages

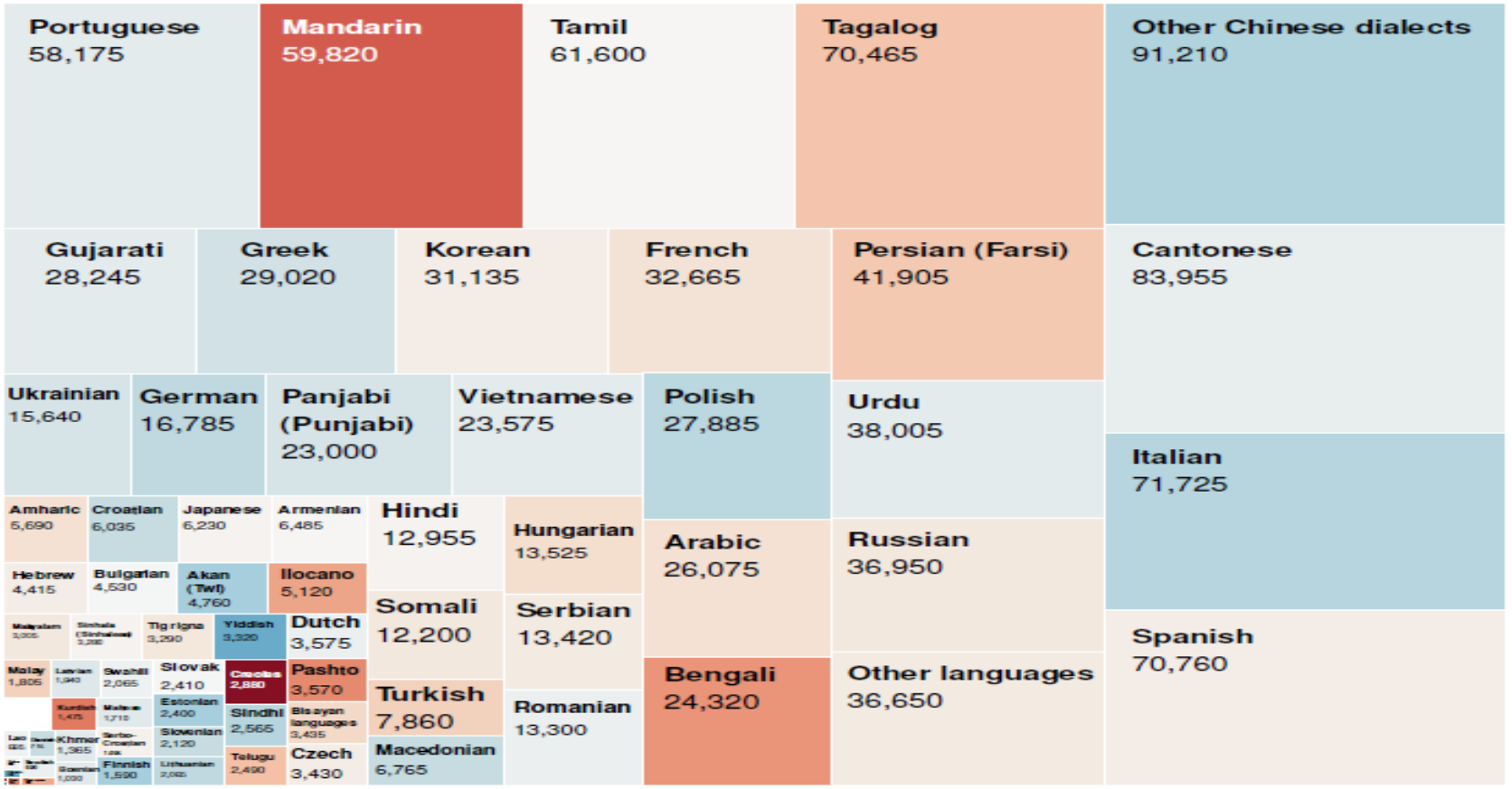
(excluding English & multiple languages)

8. Portuguese 34,580 (1.4%)
9. Persian (Farsi) 30,595 (1.3%)
10. Russian 26,935 (1.1%)
11. Urdu 26,590 (1.1%)
12. Korean 23,380 (1.0%)
13. Gujarati 19,255 (0.8%)
14. Bengali 17,820 0.7 (0.7%)
15. Vietnamese 17,680 (0.7%)

http://www.toronto.ca/demographics/pdf/language_2011_backgrounder.pdf

Toronto's language mosaic

Number of people with non-English mother tongues in 2011



Note: The data for this graphic is summarized on page 8.

Toronto seniors: a demographic profile

sex:

- 57% seniors – females
- 66% seniors 85yrs plus

language:

- 2006: no English or French spoken at home by 39% Toronto seniors

relationships:

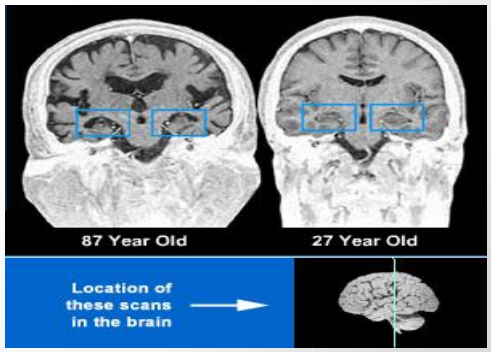
- 53% seniors - married
- 2% - common-law
- 22% seniors - widowed
- 1,395 seniors - same-sex marriages/common-law

Implications of changing demographics & diversity in Toronto

- # of seniors increasing, particularly 85+ yrs. group
- increasing vulnerability in older age group due to ageing, physical limitations, dementias, etc.
- increased number of women
- increased number of elder abuse cases relating to women
- increased cultural diversity in senior pop'ltn
- proportion of seniors living in institutional residences likely will increase

What is normal ageing?

- gradual loss of/deterioration of the body's reserves, affecting all bodily systems
- ageing process impacted by # factors
- presenting symptoms are usually in system with the least reserve
- system with the least reserve is the CNS (central nervous system) which can lead to delirium



Some age-related issues

- as the body changes:
  - a slowed reaction time, which is especially important when judging if a person can drive
  - thinner skin, which can lead to breakdowns and wounds that don't heal quickly
  - a weakened immune system, which can make fighting off viruses, bacteria and diseases difficult
  - diminished sense of taste or smell, especially for smokers, which can lead to diminished appetite and dehydration

http://www.agingcare.com/Answers/What-are-some-of-the-most-common-issues-facing-the-elderly--102224.htm

Some age-related issues cont'd

- heart conditions (hypertension, vascular disease, congestive heart failure, high blood pressure, coronary artery disease)
- dementia
- depression
- incontinence, arthritis , osteoporosis
- diabetes
- breathing problems
- frequent falls, which can lead to fractures
- Parkinson's disease
- cancer
- eye problems (cataracts, glaucoma, macular degeneration)

http://www.agingcare.com/Answers/What-are-some-of-the-most-common-issues-facing-the-elderly--102224.htm

Memory loss & ageing

normal age-related memory changes:

- able to function independently & pursue normal activities, despite occasional memory lapses
- able to recall and describe incidents of forgetfulness
- may pause to remember directions, but doesn't get lost in familiar places
- occasional difficulty finding the right word, but no trouble holding a conversation
- judgment & decision-making ability the same as always

http://www.helpguide.org/life/prevent_memory_loss.htm

Memory loss & ageing cont'd

symptoms that may indicate dementia:

- difficulty performing simple tasks (paying bills, dressing appropriately, washing up); forgetting how to do things you've done many times
- unable to recall or describe specific instances where memory loss caused problems
- gets lost or disoriented even in familiar places; unable to follow directions
- words are frequently forgotten, misused, or garbled; repeats phrases & stories in same conversation
- trouble making choices; may show poor judgment or behave in socially inappropriate ways

http://www.helpguide.org/life/prevent_memory_loss.htm

"Distracted easily? You're getting older." Toronto Star

"Toronto scientists have found further evidence that older adults have a hard time tuning out distractions when concentrating on a single task." "…older brains are less able to filter irrelevant information from the environment… It's "more difficult for older adults to focus on the task at hand…"

M. Ogilvie, Nov 26, 2008, www.healthzone.ca

Age-related vulnerabilities

- with increasing age comes an increase in number of health, social & psychological issues – in turn, this increases dependence:
  - chronic illness
  - medication
  - depression
  - dementia
  - quality/quantity of social supports

Ageing & mental health

older adults deal with:

- **physical changes**
- **bereavement**
- **loneliness**
- **retirement**
- **caregiver stress**

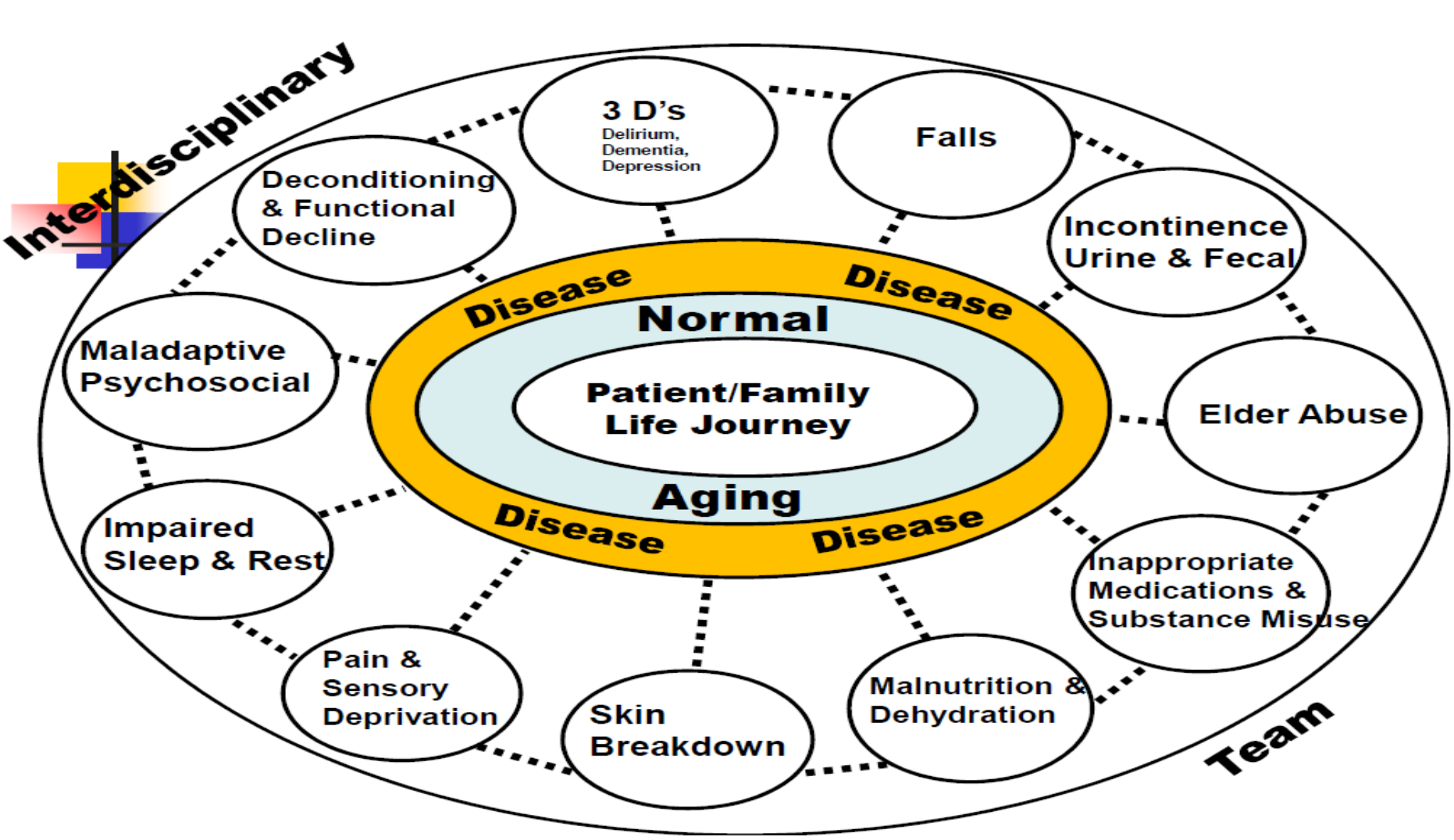
CMHA

Geriatric giants?

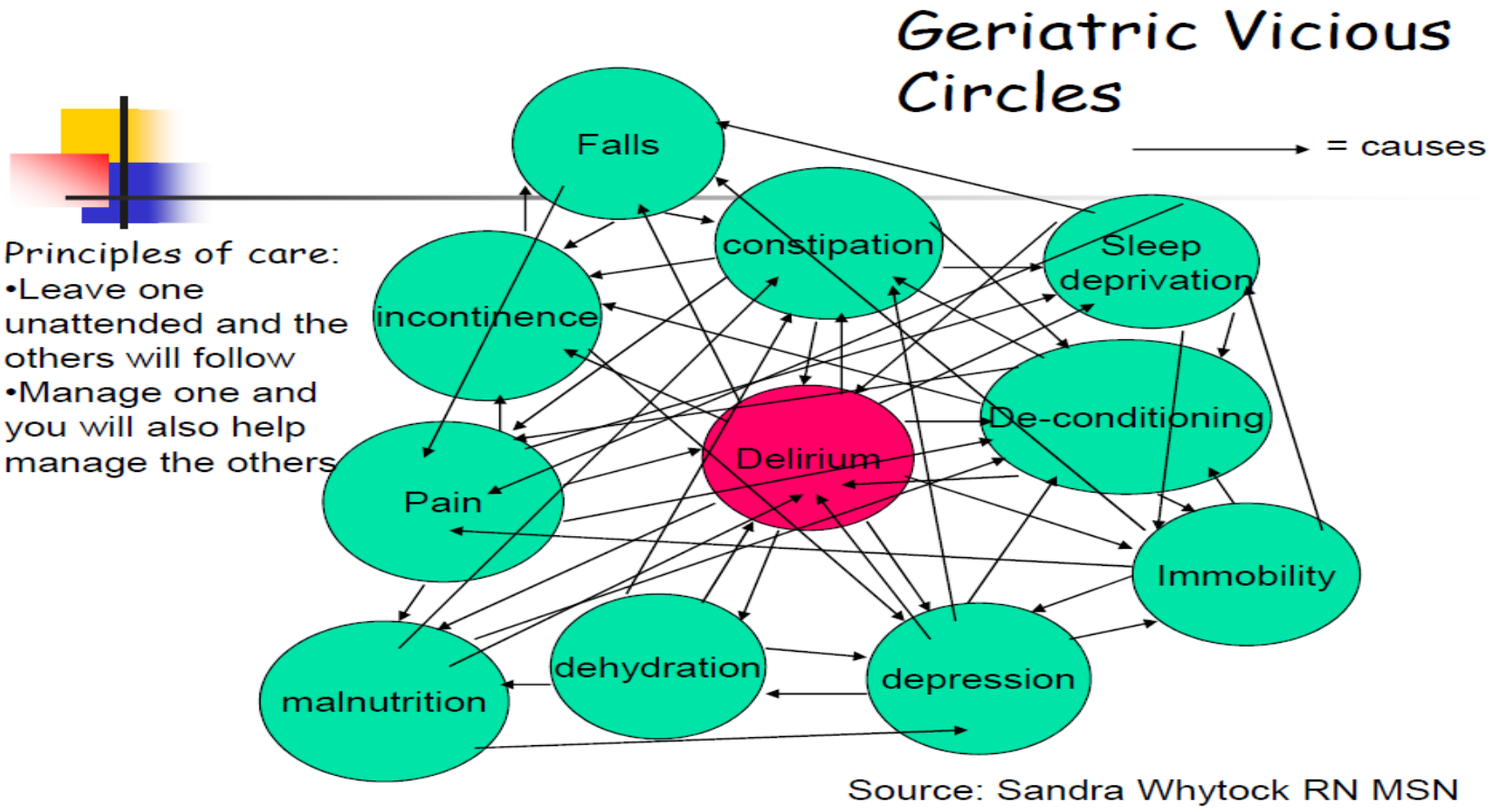
- major conditions/disorders/syndromes that can contribute to the acceleration of biopsychosocial decline of older adults
- frequently missed d/t pre-existing chronic condition
- predictable problems experienced by older adults which are often preventable

Patricia Roy, RPN, RN, BSN, MN
"Normal Aging & Age-Related Changes"
FH Clinical Nurse Specialist, Older Adult Program

Geriatric giants?



Geriatric giants?



Principles of care:
- Leave one unattended and the others will follow
- Manage one and you will also help manage the others

Who is at risk to experience a 'geriatric giant?'

- dependence on others for care
- decreased quality of life
- pain & suffering
- restrained & falling
- skin breakdown
- malnourished & dehydrated

Patricia Roy, RPN, RN, BSN, MN
"Normal Aging & Age-Related Changes"
FH Clinical Nurse Specialist, Older Adult Program

Canadian Elder Law Conference

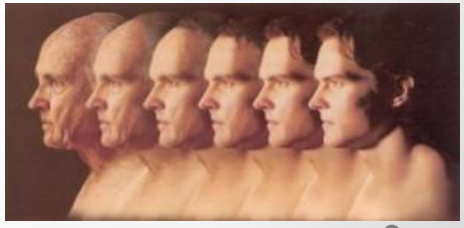
(Nov 2008, Van. BC)

"Aging is no longer an issue the public can afford to ignore. There's a saying that goes, 'There are those who are elderly and those who aren't elderly yet."

Graham Webb
Advocacy Centre for the Elderly

Domestic violence in later life

- lifetime DV: increased risk due to age, plus any associated frailties (DV grown old)
- domestic sexual abuse (+ residential settings)
- late life onset of DV (latent DV):
  - caregiver role/stress
  - dementia-related behavioural changes
  - new relationship
- DV redefined: elder abuse?



Concepts critical to understanding abuse/neglect against seniors…

- autonomy
- vulnerability
- undue influence
- capacity

Dr. Bryan Kemp,
Center of Excellence in Elder Abuse & Neglect, U of California
- Irvine School of Medicine, Program in Geriatrics, Elder Abuse Forensic Center
"Autonomy, Capacity and Undue Influence: The Right To Decide v. Abuse"

Autonomy

- as a 'capable' adult, you have the right to autonomy, to live your life as you please, live at risk…, make your own decisions (good or bad, stupid or smart), whether or not others agree with you…

Vulnerable person

- any adult who by nature of a physical, emotional or psychological condition is dependent on other persons for care & assistance in day to day living





Undue influence

"Undue influence is when people use their role and power to exploit the trust, dependency, and fear of others. They use this power to deceptively gain control over the decision making of the second person."

Dr. Margaret Singer
Nexus Vol. 2, Issue 1
March 1996

Undue influence cont'd

"As prosecutors, our argument is that in the case of real undue influence the consent of the victim has been stripped away. Because of the insidious nature of the undue influence, the victim is no longer able to give a balanced, free will consent to the transactions. Whereas the defense will always say, "This was a gift. They wanted my client to have the money."

Paul Greenwood, Deputy District Attorney,
Head of Elder Abuse Prosecution Unit, San Diego DA's Office
"Elder abuse prosecution guru sheds light on crimes" April 11, 2005

Mental skills

- **the cluster of mental skills that people use daily, such as memory, logic, as well as behavioural & physical functioning**

National Committee for the Prevention of Elder Abuse
Mental Capacity, Consent, and Undue Influence

Capacity

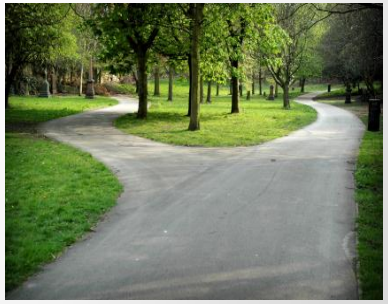
- most older adults are capable of making their own decisions
- capacity can change from decision to decision & from time to time
- there is no one single test that determines capacity for all times & all purposes

Capacity

(Substitute Decisions Act, 1992)

- the ability to understand relevant information & appreciate the reasonably foreseeable consequences of making or not making a decision
  - Property, s. 6
  - Personal care, s. 45

- physical frailty does not affect mental capacity
- if someone is not capable of making decisions, there are substitute decision-making alternatives (HCCA, s.20(1))



Consent

"Consent is when someone accepts or agrees to something that somebody else proposes.

For consent to be legal and proper, the person consenting needs to have sufficient mental capacity to understand the implications and ramifications of his or her actions."

National Committee for the Prevention of Elder Abuse
Mental Capacity, Consent, and Undue Influence

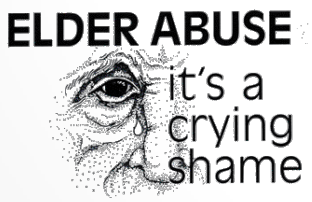

HOW OLD
IS OLD?.

WHO: elder abuse

"a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person"

TPS: elder abuse

- *harm* done to anyone over the age of *65 years*, by a person in a *position of trust or authority*



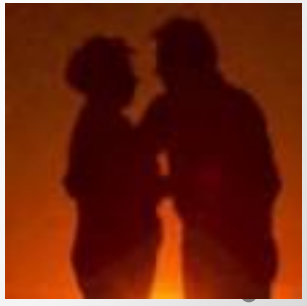
Types of abuse

- financial*
- psychological
- physical (sexual & chemical)
- neglect

- or, <u>any combination,</u> thereof…

Who is the abuser?

- (spouse/partner) /child/ 'in-laws'/other relative, friend/neighbour
- Power Of Attorney - Property/Personal Care
- care provider, healthcare practitioner, legal advisor, financial advisor, faith leader, etc.
- i.e. - person in *position of trust* or *authority*, perhaps someone with *authority* to act as SDM



Profile of "typical" victims

Victims *may*:

- be widowed or living alone
- be socially isolated
- be under the control or influence of the abuser (overestimate dependence)
- have some degree of physical impairment or mental incapacity
- be physically frail, but mentally capable
- have special care needs (chronic illness)

Profile of "typical" abusers

Abusers *may*:

- have substance abuse problems/addiction issues
- have a history of mental illness or emotional problems
- be experiencing stress (mental, financial, physical)
- be dependent on the older person for assistance
- be under or un-employed
- be resentful of caregiver role
- not have visible dysfunctional traits
- have a history of poor relationships
- have problems w authority figures
- have a sense of entitlement/greed

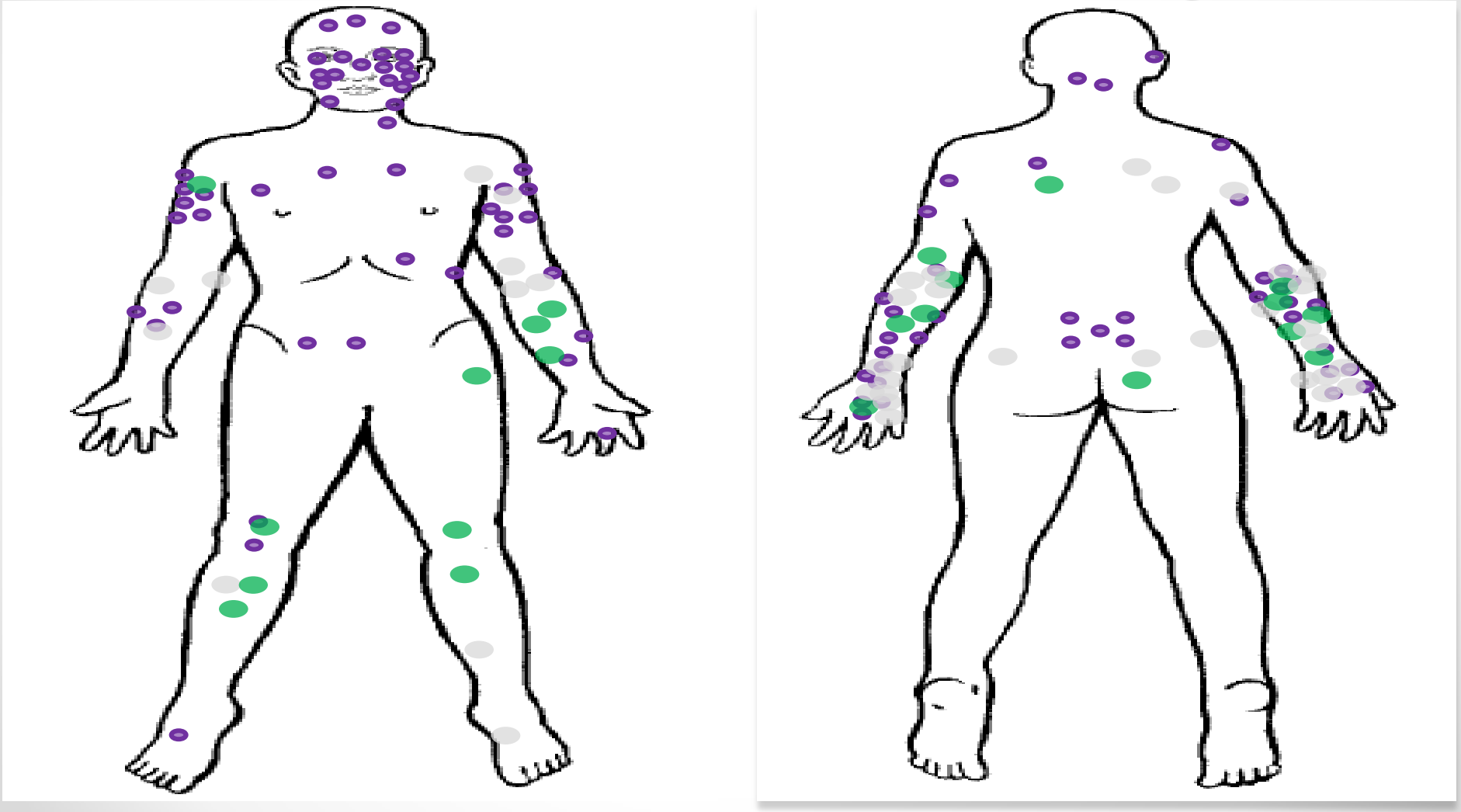
Risk factors for abuse

(Advocacy Centre for the Elderly)

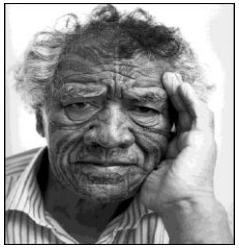
- family history of abuse
- physical frailty
- cognitive status
- isolation
- finances
- but also, lack of knowledge of rights
  - i.e. - dependency on "systems" that don't know the rights of the senior or, have a different perspective on what the rights of the senior are

Bruise locations: abused elders

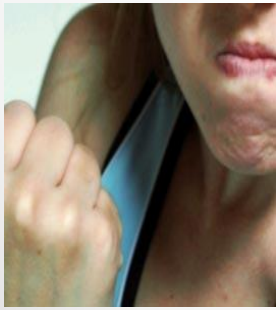
(Center of Excellence on Elder Abuse and Neglect)



Trust & authority: power & control


- abuse/violence is used to intimidate, humiliate, coerce, frighten or simply, make the victim feel powerless




Relationships:

healthy or dysfunctional?

"People in healthy relationships respect each other. They can talk honestly and freely to each other and share decisions. They trust and support each other and respect each other's independence.

In contrast, an unhealthy relationship is unbalanced. One person may try to control another or manipulate another to get his or her way; use verbal insults, mean language, or nasty putdowns; and even resort to physical violence."

http://www.cdc.gov/Features/ChooseRespect/

Legislation

- Criminal Code of Canada
- Homes for Special Care Act
- Substitute Decisions Act,
- Health Care Consent Act
- Mental Health Act
- Coroner's Act
- Developmental Services Act
- Long-Term Care Homes Act
- Retirement Homes Act* (RTA applies)
- Residential Tenancies Act
- Personal Health Information Protection Act

Criminal Code: Financial

- theft
- theft by person holding power of attorney*
- destroying documents of title
- credit card offences
- fraud/false pretences/forgery
- false statement in writing
- personation
- extortion
- stopping mail with intent
- criminal breach of trust

"Seniors should focus on estate planning"

"What really sets the alarm bells ringing for lawyer Les Kotzer (co-author of three books on estate planning), however, are the 'waiters.' The kids who don't save and are living beyond their means in the expectations that their financial difficulties will be solved once their parents die."

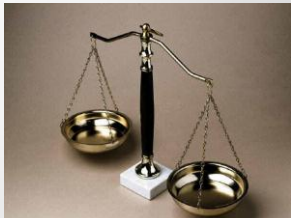
Sharon Singleton, The Toronto Sun, June 14, 2010

Criminal Code: Psychological

- invasion of privacy
- criminal harassment
- indecent/harassing telephone calls
- uttering threats
- intimidation

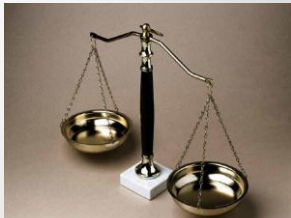
Criminal Code: Physical

- assault/sexual assault (w weapon, bodily harm, aggravated)
- sexual exploitation of persons with a disability
- poison
- kidnapping/forcible confinement
- administer noxious substance
- torture
- murder/manslaughter



Criminal Code: Neglect

- failing to provide the necessaries of life
- death/bodily harm by criminal negligence



Criminal Code s. 718

Other sentencing principles

- **718.2** A court that imposes a sentence shall also take into consideration the following principles:
- *(a)* a sentence should be increased or reduced to account for any relevant aggravating or mitigating circumstances relating to the offence or the offender, and, without limiting the generality of the foregoing,
  - **(i) evidence that the offence was motivated by bias, prejudice or hate based on race, national or ethnic origin, language, colour, religion, sex, age, mental or physical disability, sexual orientation, or any other similar factor,**

Bill C-36: An Act to amend the Criminal Code

(Protecting Canada's Seniors Act)

- **Paragraph 718.2(*a*) of the *Criminal Code* is amended by adding the following after subparagraph (iii):**
- **(iii) evidence that the offender, in committing the offence, abused a position of trust or authority in relation to the victim,**

(iii.1) evidence that the offence had a significant impact on the victim, considering their age and other personal circumstances, including their health and financial situation,

"Senior abuse forecast to rise"

NEWMARKET –

Lawmakers should be alert to abuse of seniors rising as babyboomers age, a prosecutor warned before a woman was jailed for letting her common-law husband starve and be beaten by her brutal lover. "In their declining years, when individuals are less and less capable of protecting themselves, **we in the justice system must ensure their protection,"** Crown attorney Michael Demczur told a court yesterday. **"Elder abuse is one of the growth areas of policing and prosecutions, and will be as our population ages,"** he said. **"We must at the outset send a strong and clear message that abuse of the old will meet with severe punishment."**

Ian Robertson, The Toronto Sun, Dec. 10, 2008

Substitute Decisions Act (1992)

Powers of Attorney:

- **Continuing power of attorney for property**

7. (1) i.e. 'transactional authority' to manage a person's finances

- **Power of attorney for personal care**

46. (1) i.e. authority to make personal care decisions when person is incapable (accommodation, nutrition, hygiene, medical needs, clothing)

Substitute Decisions Act (1992)

- **Duties of guardian (property)**

32. (1) A guardian of property is a fiduciary whose powers and duties shall be exercised and performed diligently, with honesty and integrity and in good faith, for the incapable person's benefit. 1992, c. 30, s. 32 (1).

- **Liability of guardian**

33. (1) A guardian of property is liable for damages resulting from a breach of the guardian's duty. 1992, c. 30, s. 33 (1).

Substitute Decisions Act (1992)

- Duties of guardian (personal care)

66. (1) The powers and duties of a guardian of the person shall be exercised and performed diligently and in good faith. 1992, c. 30, s. 66 (1).

PGT investigations (SDA, 1992)

- statutory duty of the Public Guardian & Trustee to investigate information that a person is ***incapable*** for property or personal care decisions & ***serious adverse effects*** are likely to result
  - Property s. 27(1)
  - Personal care, s. 62(1)
- wide-ranging investigative powers
- PGT can obtain statutory or court-appointed guardianship as a last resort

Ontario

Health Care Consent Act, 1996

Consent on Incapable Person's Behalf

- **List of persons who may give or refuse consent**

20. (1) If a person is incapable with respect to a **treatment,** consent may be given or refused on his or her behalf by a person described in one of the following paragraphs:

1. The incapable person's **guardian of the person**, if the guardian has authority to give or refuse consent to the treatment.
2. The incapable person's **attorney for personal care**, if the power of attorney confers authority to give or refuse consent to the treatment.
3. The incapable person's **representative appointed by the Board under section 33**, if the representative has authority to give or refuse consent to the treatment.

Health Care Consent Act, 1996 cont'd

4. The incapable person's **spouse or partner**.

5. A **child or parent** of the incapable person, or a children's aid society or other person who is lawfully entitled to give or refuse consent to the treatment in the place of the parent. This paragraph does not include a parent who has only a right of access. If a children's aid society or other person is lawfully entitled to give or refuse consent to the treatment in the place of the parent, this paragraph does not include the parent.

6. A **parent** of the incapable person who has only a right of access.

7. A **brother or sister** of the incapable person.

8. **Any other relative** of the incapable person.

1996, c. 2, Sched. A, s. 20 (1).

Capacity issues: important tips

- do not automatically assume that frail elderly people are incapable
- speak directly with the older person
- recognize potential conflicts of interest & opportunities for elder abuse by a SDM, or another in position of trust or authority
- help to empower the older person
- check 'biases' at the door

Why do 'victims' fail to report?

- many older adults:
  - minimize the abuse…
  - rationalize the abuse…
  - deny the abuse…
  - are resigned to the abuse…
  - don't recognize it as abuse…
  - unable to report the abuse…
  - have no one to advocate on their behalf…
- the best victim is one who cannot speak or, one who will not be believed…

So, why don't people help?

- don't recognize signs of abuse
- don't know who to go to
- don't want to get involved (not my responsibility)
- believe it's a family matter
- have been threatened or are afraid of repercussions (fear of reprisals, rejection or litigation)
- private & confidential matter
- lack of awareness of community resource/support
- have been asked not to report

So, why don't people help?

- no 'mandatory' reporting legislation*
- constrained by in-house policies
- believe that they can 'handle' problem on their own
- concerned about damaging client relationship
- lack of awareness of community resources/support
- privacy legislation

Duty to report?

- **Criminal Code of Canada**
- **Substitute Decisions Act,**
- **Health Care Consent Act**
- **Mental Health Act**
- **Long-Term Care Homes Act***
- **Retirement Homes Act*** **(RTA applies)**

- **Personal Health Information Protection Act**

Long-Term Care Homes, 2007

Duty to protect

- **19.** (1) Every licensee of a long-term care home shall **protect residents from abuse** by anyone and shall **ensure that residents are not neglected** by the licensee or staff. 2007, c. 8, s. 19 (1).

Long-Term Care Homes, 2007

Licensee must investigate, respond and act

23. (1) Every licensee of a long-term care home shall ensure that,

(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:

(i) **abuse** of a resident by anyone,

(ii) **neglect** of a resident by the licensee or staff, or

(iii) **anything else** provided for in the regulations;

(b) appropriate action is taken in response to every such incident; and

(c) any requirements that are provided for in the regulations for investigating and responding as required under clauses (a) and (b) are complied with. 2007, c. 8, s. 23 (1).

Long-Term Care Homes, 2007

Reporting certain matters to Director

24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.
3. Unlawful conduct that resulted in harm or a risk of harm to a resident.
4. Misuse or misappropriation of a resident's money.
5. Misuse or misappropriation of funding provided to a licensee under this Act or the *Local Health System Integration Act, 2006*. 2007, c. 8, ss. 24 (1), 195 (2).

Long-Term Care Homes Act*

2007 O.R. 79/10

Police notification

98. Every licensee of a long-term care home shall ensure that the **appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident** that the licensee suspects may constitute a criminal offence.

Retirement Homes Act, 2010:

Reporting certain matters to the registrar

- 75. (1) A **person who has reasonable grounds to suspect** that any of the following has occurred or may occur **shall immediately report** the suspicion and the information upon which it is based to the Registrar:

1. **Improper or incompetent treatment or care** of a resident that resulted in **harm or a risk of harm** to the resident.
2. **Abuse** of a resident by anyone or **neglect** of a resident by the licensee or the staff of the retirement home of the resident if it results in **harm or a risk of harm** to the resident.
3. **Unlawful conduct** that resulted in **harm or a risk of harm** to a resident.
4. **Misuse or misappropriation of a resident's money**.

2010, c. 11, s. 75 (1).

Retirement Homes Act, 2010

O/R. 166/11

Policy of Zero Tolerance of Abuse and Neglect

- (3) The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,…

(f) provide that the licensee of the retirement home shall ensure that the **appropriate police force is immediately notified** of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence; and…

Personal Health Information Protection Act (PHIPA)

- **s. 3(1) Health information custodian**
- Health care practitioner
- Long-term care service provider
- Community Care Access Centres
- Hospitals, psychiatric facilities
- Charitable homes, homes for the aged, rest homes
- Pharmacies, laboratories
- Ambulance service
- Centre, program or service for community health or mental health whose primary purpose is the provision of health care

Personal Health Information Protection Act (PHIPA)

- **s. 4 (1) Personal health information**

  means **identifying information** about an individual in oral or recorded form, if the information,

(a) relates to the **physical or mental health of the individual,** including information that consists of the health history of the individual's family

(b) relates to the providing of health care to the individual, including **identification of a person as a provider of health care to the individual**

(c) identifies an individual's **substitute decision-maker**

Personal Health Information Protection Act (PHIPA)

- **<u>s. 40(1) Disclosures related to risks</u>** – a health information custodian **may disclose personal health information** about an individual if the custodian believes on **reasonable grounds** that the disclosure is necessary for the purpose of **eliminating or reducing a serious risk of bodily harm** to a person or group of persons

Personal Health Information Protection Act (PHIPA)

- **<u>s. 43(1) Disclosures related to this or other Acts</u>**

  A health information custodian **may** disclose personal health information about an individual,

(g) Subject to the requirements and restrictions, if any, that are prescribed, **to a person carrying out an inspection, investigation or similar procedure** that is authorized by a warrant or by or under this Act or any Act of Ontario or an Act of Canada **for the purpose of facilitating the inspection, investigation or similar procedure**

Personal Health Information Protection Act (PHIPA)

- **S. 70 Non-retaliation**

No one shall dismiss, suspend, demote, discipline, harass or otherwise disadvantage a person by reason that,

(a) the person, **acting in good faith and on the basis of reasonable belief,** has disclosed to the Commissioner that any other person has contravened or is about to contravene a provision of this Act or its regulations;

(b) the person, **acting in good faith and on the basis of reasonable belief,** has done or stated an intention of doing anything that is required to be done in order to avoid having any person contravene a provision of this Act or its regulations;

(c) the person, **acting in good faith and on the basis of reasonable belief,** has refused to do or stated an intention of refusing to do anything that is in contravention of a provision of this Act or its regulations; or

(d) any person believes that the person will do anything described in clause (a), (b) or (c). 2004, c. 3, Sched. A, s. 70.

Personal Health Information Protection Act (PHIPA)

- **s.71(1) Immunity**

  No action or other proceedings for damages may be instituted against a health information custodian or any other person for,

(a) anything done, reported or said, both in **good faith and reasonably in the circumstances,** in the exercise or intended exercise of any of their powers or duties under this Act

Ageism

- "…ideas, attitudes, beliefs and practices on the part of individuals that are biased against persons or groups based on their age."

Media Takes: On Aging
International Longevity Center
Aging Services of California, 2009

Reflections on ageism

"Ageism reflects a deep-seated uneasiness on the part of the young & middle-aged - a personal revulsion to & distaste for growing old, disease, disability: & a fear of powerlessness, uselessness & death."

Dr. Robert Butler, 1969

Reflections on ageism cont'd

"Ageism allows those of us who are younger to see old people as 'different.' We subtly cease to identity them as human beings, which enables us to feel more comfortable about our neglect and dislike of them… Ageism is a thinly disguised attempt to avoid the personal reality of human ageing and death."

Dr. Robert Butler, 1975

"Open Your Eyes"

Issues to consider

- capacity, consent, guardianship?
- any undue control or dependency issues?
- does substitute decision maker have a conflict of interest?
- can barriers to reporting be overcome?
- criminal or non-criminal matter?
- other resources?
- follow-up?

Role of the police

- ensure the victim is offered Victim Services Program, or other applicable referrals
- take time, be sensitive to special needs, build trust, offer support
- above all, talk to the victim

****

- ensure safety of all
- *conduct thorough investigation
- submit occurrence

Possible interventions

- education
- safety plans
- home visits
- in- depth assessment/interview
- co-ordination with other services
- contact with other family & friends
- apprehension, MCIT
- arrest & charge(s)

Communications Centre

calls received (as reported for Annual Report)

2011:

9-1-1 Emergency	1,227,791
Non-emergency	840,147
total	2,067,938
dispatched (TPS, PEU, CARU)	921,722

Communications Centre

calls received (as reported for Annual Report)

2012: (YTD Jan. 1 -Sept. 30, 2012)

9-1-1 Emergency	875,499
Non-emergency	644,544
total YTD	1,520,043
dispatched YTD (TPS, PEU, CARU)	539,422

Communications Centre

calls received (as reported for Annual Report)

EDP calls received:

- 2011 - 11,892
- 2012 - 8,974 (YTD Jan. 1 – Sept. 30, 2012)

Qualifier:

Data in the table with event type of "EDP" (Emotionally Disturbed Person) is based on initial event type at call creation. Situation found is not reflected in this total.

Communications Centre

calls received (as reported for Annual Report)

Calls, other than EDP, received:

- **2011 – 291**
- **2012 – 245**

Qualifier:

Data in the table with an event type other than "EDP" represents events which were not originally created as "EDP" but which had a Situation Found of "EDP" associated to the event.

Total hours spent on EDP calls & average number of officers deployed

2011 - 45,035.9 hrs. (2.8 officers)

2012 - 32,976.0 hrs. (2.8 officers)
(YTD Jan. 1 – Sept. 30, 2012)

Qualifier:

Total Time on call (Hours) data represents the total amount of time on call for the officers assigned (unit time on call by the number of officers in each unit.)

"On seniors and mental health"

(Globe and Mail, Nov 27, 2008)

"Mental illness knows no age. It can strike children, but it can also strike seniors. And like so many things affecting mental health issues, society has its share of prejudices, including those around mental illness in the aging population. There are no major "runs for the cure" or gala fundraisers in this field. The very few health-care professionals who understand both geriatric and mental-health care are stretched thin."

Prevalence of seniors with mental health problems

- occurrence of most mental disorders is considered to be the same among seniors as it is among other age groups, except for age-related psychiatric disorders such as dementia & delirium (Conn, 2002)
- since 2% of the population of Ont. experiences the most severe mental illnesses (which, in addition to a diagnosis of mental illness, involve disability & use of inpatient services), then it is likely that a significant segment of this cohort will age and require the same services as those with age-related psychiatric disorders (Offord et al., 1994)

CMHA-Ontario

Prevalence of seniors with mental health problems

- if less severe disorders, substance abuse, & age-related disorders such as dementia & delirium are included, then the prevalence of mental health problems among the elderly is estimated to be between 17% & 30% (Elderly Mental Health Care Working Group, 2002)

CMHA-Ontario

Mental illness in later life

Those:

- growing older with a current, persistent or chronic mental illness
- experiencing late onset mental illness
- living with psychological & behavioural symptoms associated with Alzheimer disease & related dementias
- living with chronic medical problems w known correlations w mental illness

Mental Health Commission of Canada – Seniors Guidelines

Common mental disorders experienced by seniors

- depression
- delirium
- dementia
- substance abuse
- suicide

CAMH

- mental health disorders in older adults: depression, suicide, anxiety disorders, delirium, paraphrenia, late onset psychotic disorders, concurrent disorders

CMHA

Common mental disorders experienced by seniors

- `paraphrenia` is a particularly paranoid form of schizophrenia occurring in the elderly (late onset)
- late onset psychotic disorders can start at 40 years of age or at after 45, 60, or 65 years of age
- concurrent disorder is a psychiatric disorder and either a substance use disorder &/or a gambling disorder
- anxiety disorders are a group of disorders which affect behaviour, thoughts, emotions & physical health

Depression

- main symptom of depression is a sad, despairing mood that:
  - is present most days & lasts most of the day
  - lasts for more than two weeks
  - impairs the person's performance at work, at school or in social relationships

CAMH

Depression cont'd

- most common
- twice as common as dementia
- most treatable of all psychogeriatric illnesses (geriatric psychiatry, a.k.a. geropsychiatry, psychogeriatrics or psychiatry of old age, is a subspecialty of psychiatry dealing with the study, prevention, & treatment of mental disorders in humans with old age)
- often goes unrecognized
- complicated by alcohol use

Delirium

- delirium is sudden severe confusion & rapid changes in brain function that occur with physical or mental illness
- most often caused by physical or mental illness & is usually temporary & reversible
- many disorders cause delirium, including conditions that deprive the brain of oxygen or other substances

MedlinePlus

- estimated that 13% of all hospitalized elderly develop delirium (McEwan, Donnelly, Robertson, & Hertzman, 1991)

CMHA

Dementia

- dementia is a brain disorder that makes it hard for people to remember, learn & communicate: these changes eventually make it hard for people who have dementia to care for themselves
- may also cause changes in mood and personality: early on, lapses in memory & clear thinking may bother the person who has dementia
- later, disruptive behaviour & other problems can create a burden for caregivers & other family members
- caused by the damage of brain cells: a head injury, stroke, brain tumour or disease (such as Alzheimer's disease) can damage brain cells & lead to dementia

FamilyDoctor.org

Prognosis

- depression: Improves
- dementia: generally, does NOT improve
- delirium: generally, improves

Substance Abuse

- addictions to alcohol, drugs, & other substances are shared by 1 in 10 older adults
- sadly, the problem often goes unnoticed. Why? Symptoms, such as lack of mobility, depression, & tremors, are often mistaken for naturally occurring steps in the aging process

COPA

Substance abuse cont'd

- **survey of older adults in the United States**
  - **45.1%- admit to drinking alcohol in last month**
  - **12.2%- report binge drinking**
  - **3.2%- heavy alcohol use**

The National Survey on Drug Use and Health. Substance Use Among Older Adults, 2002 and 2003 Update. http://www.oas.samhsa.gov/2k5/olderadults/olderadults.htm

- **Canadian study**
  - **Alcohol abuse could be clinically detected in 8.9% of the population studied**

Thomas VS and Rockwood KJ (2001) Alcohol abuse, cognitive impairment and mortality among older people.

Journal of the American Geriatric Society, **4**, 415-420

Substance use & the ageing process

Normal ageing

- impairment due to:
  - pathology
  - normal decreased function
  - cognitive decline/ illness

Substance Use

- co-occurring illness
- alcohol related health & cognitive problems
- psychiatric illness
- chronic or late life depression

"Voices: Women, Poverty and Homelessness in Canada"

"… Alcohol abuse, ill health, mental illness, and the consequences of forays into prostitution and panhandling make up the collective health profile of the older (aged 40 to late 50's) women. By contrast, the youngest women in their late teens and early twenties are presently making contact with other street people are learning to live life without permanent homes. Most of the women are relatively healthy, though over time this will likely change if they cannot find permanent homes, The older women often live with debilitating disabilities and addictions, and they often advise those who are younger to get off the streets as soon as they can. …"

Rusty Neal (May 2004)

Alcohol: medical complications

- alcohol related falls/fractures
- GI disturbances
- liver function
- balance & mobility problems (neurological)
- high rates of cognitive impairment

COPA

Alcoholism & psychiatric illness

- higher rates of alcohol & other substance use among older patients compared to younger
- 71% of older patients had alcohol disorders
- 26 % alcohol & drug problems
- compared to 34% alcohol & 16% in younger group

COPA

Problems?

- no difference in incidence in general population
- rate of problems amongst PMI much higher (ER & Geriatric Units): range - 18-33%
- only sm. percentage of older adults receive help (in many communities – as little as 2%)
- in this population, concurrent disorders are the norm

COPA

Depression, suicide & alcoholism

- strong link btwn suicide, alcoholism & depression
- risk increases by 50 - 70% more than in general pop'ltn
- Lifetime risk of 1% in general pop'ltn
- 15% with depression
- 15% alcoholism
- need to factor in ageing

COPA

Drug use & older adults

- more likely to abuse benzodiazepines
- more likely to have problems with personal hygiene & ADL
- problems with neurological & cognitive signs & symptoms
- more likely to have psychotic symptoms
- more likely to threaten violence
- more likely to be non-compliant with medical care

COPA

Signs of drug misuse or, other age-related problem?

- confusion
- depression
- disorientation
- unsteady gait/falls
- recent memory loss
- loss of interest in activities
- social isolation
- tremors
- irregular heart rate
- poor appetite
- stomach complaints
- irritability

Gambling

- symptoms of gambling addiction, while perhaps not physical, can also go undetected: financial difficulties related to the problem can be difficult to talk about & are often hidden from family & friends
- effects of both substance abuse & gambling can be devastating & real:
  - deterioration of physical & mental health
  - negative impact on family, friends, & co-workers
  - difficulty with finances &/or legal trouble

COPA

Suicide

- 1993: 14 out of every 100,000 seniors in Canada committed suicide: this rate is comparable to people in the 15 to 24 age group (National Advisory Council on Aging, 1999)
- men over the age of 80 have highest suicide rate among Canadians (Health Canada, 2002)
- suicide rate among male seniors (24 per 100,000) is much higher than among female seniors (6 per 100,000) (National Advisory Council on Aging, 1999)

CMHA

Canadian data on suicide & the elderly

- rate for men (23/100,000) twice that of the nation as a whole (12.3/100,000)
- about 1,000 older adults admitted to hospital each year, as a consequence of self harm
- for older women, poisoning & hanging most common methods
- older adults less likely to talk of suicide to professional 38% but, often talk to family in year preceding attempt

COPA

Ageing, substance misuse or, mental health problem?

- confusion ?
- depression?
- disorientation?
- recent memory loss?
- social isolation?
- delusions?
- aggressive behaviour?

- all of these behaviours could be caused by an ageing-related illness, substance misuse or, a mental health problem

COPA

2011 TPS records (seniors)

TPS case management systems:

- **flagged as EDP**
  (accused persons, victims & MHA apprehensions) - 604
- **not flagged as EDP**
  (accused persons, suspects & victims) - 12,191

Total - 12,791

Qualifier: Corporate Planning - Business Intelligence Unit – persons 65 yrs. & older flagged as EDP
Qualifier: Corporate Planning - Business Intelligence Unit – persons 65 yrs. & not older flagged as EDP

2011 TPS records (seniors)

TPS case management systems:

- **flagged as EDP**
  (accused persons, victims & MHA apprehensions) - 604
  - **Females: 304**
  - **Males: 297**
  - **u/k: 3**

Qualifier: Corporate Planning - Business Intelligence Unit – persons 65 yrs. & older flagged as EDP

2011 TPS records (seniors)

TPS case management systems:

- **not flagged as EDP**
  (accused persons, suspects & victims) - 12,191
  - **Females: 5,438**
  - **Males: 6698**
  - **u/k: 55**

Qualifier: Corporate Planning - Business Intelligence Unit – persons 65 yrs. & not older flagged as EDP

TPS: behaviour motivations

- officers are required to deal with subjects in crisis, subjects who suffer from a mental disorder or, subjects who suffer from both
- however, what induced the crisis, or what type of mental disorder can be difficult for officers to determine

TPS: emotionally disturbed person

- any person who appears to be in a state of crisis or, any person who is mentally disordered
- 2 categories:
  - person in crisis
  - person who is mentally disordered

TPS: crisis

- circumstance, or set of circumstances, perceived or real, internal or external that causes the individual to change

TPS: person in crisis

- person who suffers from a temporary breakdown of coping skills, but often reaches out for help demonstrating that they are in touch w reality
- once person receives the needed help, there is often a rapid return to normalcy

TPS: mental disorder

- any disease or disability of the mind (MHA R.S.O. 1990)
- person suffering from a mental disorder may have to live with a long-term break-down of coping skills including perception, decision-making & problem-solving abilities

The forensic mental health system

"*Mental health* can be defined in a number of ways. It is more than the absence of a mental disorder (World Health Organization, 2001). It includes concepts such as subjective well-being, perceived self-efficacy, autonomy, competence, and the achievement of one's intellectual and emotional potential. People who are mentally healthy may occasionally have symptoms."

Mental Health Policies and Programmes in the Workplace (WHO 2005)

The forensic mental health system

- not all people who are in crisis are mentally ill
- not all people who commit suicide are mentally ill
- communication is the key to assisting emotionally disturbed person
- <u>main goal</u> to assisting EDP's is *officer & public safety*

The forensic mental health system

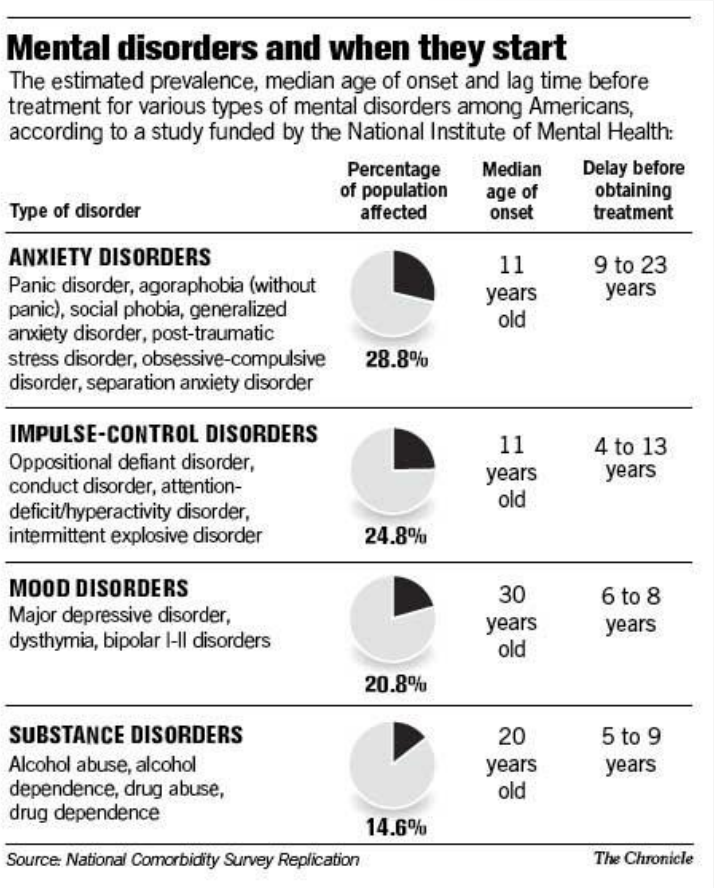
"For a number of reasons, persons with mental illness are more likely to be arrested, detained, incarcerated, and more likely to be disciplined, rather than treated, while incarcerated. Once arrested and convicted, persons with mental illness are more likely to be arrested and detained again, repeating the cycle."

"Criminalization of Mental Illness" (CMHA – BC)

The forensic mental health system

- challenges for law enforcement…

"Not just another call… police response to people with mental illnesses in Ontario"
(including excerpts from Bill 68, December 2000)
a practical guide for the frontline officer (2004)



Mental disorders and when they start

The estimated prevalence, median age of onset and lag time before treatment for various types of mental disorders among Americans, according to a study funded by the National Institute of Mental Health:

Type of disorder	Percentage of population affected	Median age of onset	Delay before obtaining treatment
ANXIETY DISORDERS Panic disorder, agoraphobia (without panic), social phobia, generalized anxiety disorder, post-traumatic stress disorder, obsessive-compulsive disorder, separation anxiety disorder	28.8%	11 years old	9 to 23 years
IMPULSE-CONTROL DISORDERS Oppositional defiant disorder, conduct disorder, attention-deficit/hyperactivity disorder, intermittent explosive disorder	24.8%	11 years old	4 to 13 years
MOOD DISORDERS Major depressive disorder, dysthymia, bipolar I-II disorders	20.8%	30 years old	6 to 8 years
SUBSTANCE DISORDERS Alcohol abuse, alcohol dependence, drug abuse, drug dependence	14.6%	20 years old	5 to 9 years

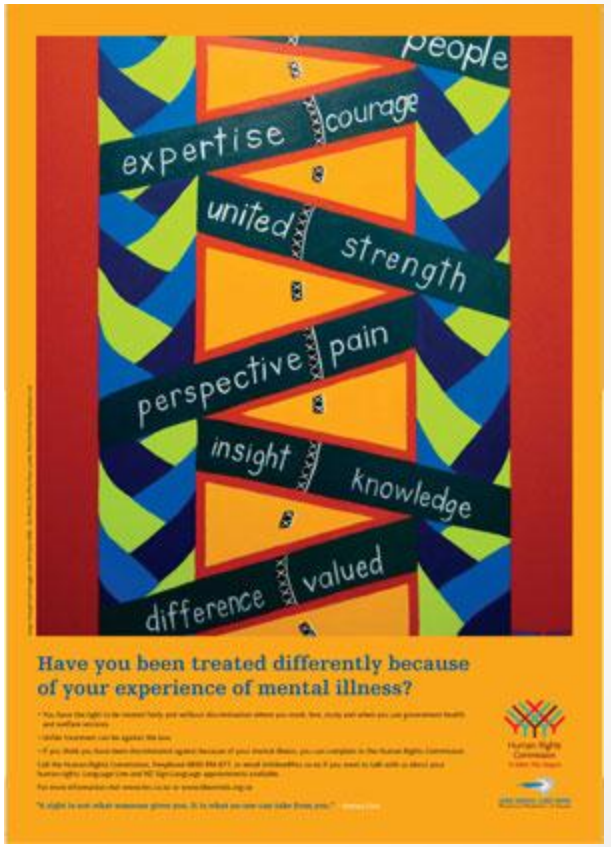
Source: National Comorbidity Survey Replication — *The Chronicle*

The forensic mental health system

- what are the associated costs of mental illness?

"The way we deal with the issue is in many ways a measure of us as a compassionate society,"

Min. of Health David Caplan (July 2008)



The forensic fental health system

TPS Role

- investigation/enforcement
- education/empowerment
- provide access to network of social services & community agencies
- increase awareness of resources
- *response: criminal or civil

The forensic mental health system

"Police officers are concerned with immediate crisis response whereas the mental health system is slow, cumbersome and looks for longer term solutions. Whereas the motto of the medical profession might be "Above all, do no harm," the public expectation of the police is more likely "Above all, do something!"

Dr. Dorothy Cotton (Feb 2005)

Resources…

- **Canadian Centre for Elder Law**
  http://www.bcli.org/ccel

- **Law Commission of Ontario**
  http://www.lco-cdo.org/en/content/older-adults

- **Advocacy Centre for the Elderly (ACE)**
  # (416) 598-2656 http://www.acelaw.ca/


NICE
National Initiative for the Care of the Elderly
Initiative nationale pour le soin des personnes âgées
login join en français
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Tool Request Form | Caregiving | Dementia Care | Elder Abuse | Elder Abuse Videos | End-of-Life Issues | Ethnicity & Aging | Financial Literacy for Older Adults | Mental Health | Curriculum Development | Homeless2home |
Site Map | Mon, Oct 29

Resources…

- Office of the Public Guardian & Trustee (OPGT) #(416) 327-6348 http://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/
- Community Care Access Centres (CCAC) #310-2222 www.310CCAC.ca
- RNOA http://rnao.ca/bpg/guidelines/screening-delirium-dementia-and-depression-older-adult

Resources…

- Managing Older Offenders: Where do We Stand? Correctional Service Canada - Research Branch
http://www.csc-cc.gc.ca/text/rsrch/reports/r70/r70_e.pdf

- Meeting Seniors Mental Health Needs in British Columbia: A Resource Document
http://www.fraserhealth.ca/media/Meeting-Seniors-MH-needs_2012.pdf

- Community Seniors Mental health & Addiction Services http://www.csmhas.com/resources-links.php

Resources…

- Special Senate Committee on Aging Final Report
  http://www.parl.gc.ca/Content/SEN/Committee/402/agei/rep/AgingFinalReport-e.pdf

- CAMH Knowledge Exchange
  http://knowledgex.camh.net/policy_health/mhpromotion/mhp_older_adults/Pages/seniorCAN.aspx

- CAMH
  http://www.camh.ca/en/hospital/health_information/older_adults/Pages/default.aspx

Resources…

- Mental Health Commission of Canada
- http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Seniors/Seniors%20Guidelines-Lignes%20directrices%20pour%20les%20aines.pdf

- http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2009/Seniors%20Mental%20Health%20Policy%20Len%20Toolkit%20(3).pdf

- http://strategy.mentalhealthcommission.ca/pdf/strategy-images-en.pdf

Resources…

- **WHO**
  http://whqlibdoc.who.int/publications/2012/9789241548410_eng.pdf

- **CMHA**
  http://www.ontario.cmha.ca/seniors.asp

- http://www.toronto.cmha.ca/ct_services_we_offer/mh_n_justice_initiatives.asp

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Canadian Coalition for Seniors' Mental Health

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

Google Search

CCSMH WWW

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Info about CCSMH Conferences & Events www.ccsmhevents.ca

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Welcome!

The Canadian Coalition for Seniors' Mental Health (CCSMH) is hard at work ensuring that seniors' mental health is recognized as a key Canadian health and wellness issue. Working with partners across the country, the CCSMH is busy facilitating initiatives to enhance and promote seniors' mental health. Below is a [illegible] CCSMH, but there are always more projects in development. Please bookmark this site and visit us frequently for updates.

What's New

Events | Tools & Resources | Announcements

Events

Celebrating the Past, Present, & Future of Seniors' Mental Health - September 21 & 22, 2012

Tools & Resources

New: Tool on Pharmacological Treatment of Behavioural Symptoms of Dementia in Long Term Care Facilities for Older Adults. [pdf front | back]

The CCSMH co-authored the new **Mental Health Commission of Canada Guidelines for Comprehensive Mental Health Services for Older Adults in Canada**. Visit www.mhccseniorsguidelines.ca to view the interactive Guidelines or to download a PDF.

Announcements

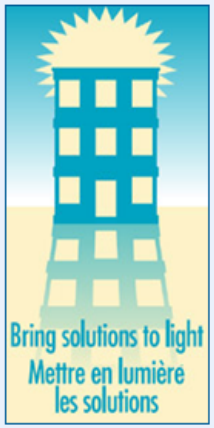
CCSMH Receives Honourable Mention
On October 16th 2012 the CCSMH received an Honourable Mention at the Mental Health Commission of Canada's 5th Anniversary National Mental Health Awards, recognizing our work with the National Guidelines Project.

Developing Guidelines on the Assessment and Treatment of Delirium in Older Adults at the End-of-Life
Article in Canadian Geriatrics Journal, Vol 14, No 2 (2011)
View article

A Knowledge Transfer Study of the Utility of the Nova Scotia Seniors' Health Network in Implementing Seniors' Mental Health National Guidelines
Article in the Canadian Geriatrics Journal, Vol 14, No 1 (2011)
View article

New Information: Seniors, Emergencies and Disasters

[Updated October 2011]



The Canadian Journal of Psychiatry

March 2004

"Barriers to Access to Mental Health Services for Ethnic Seniors: The Toronto Study"

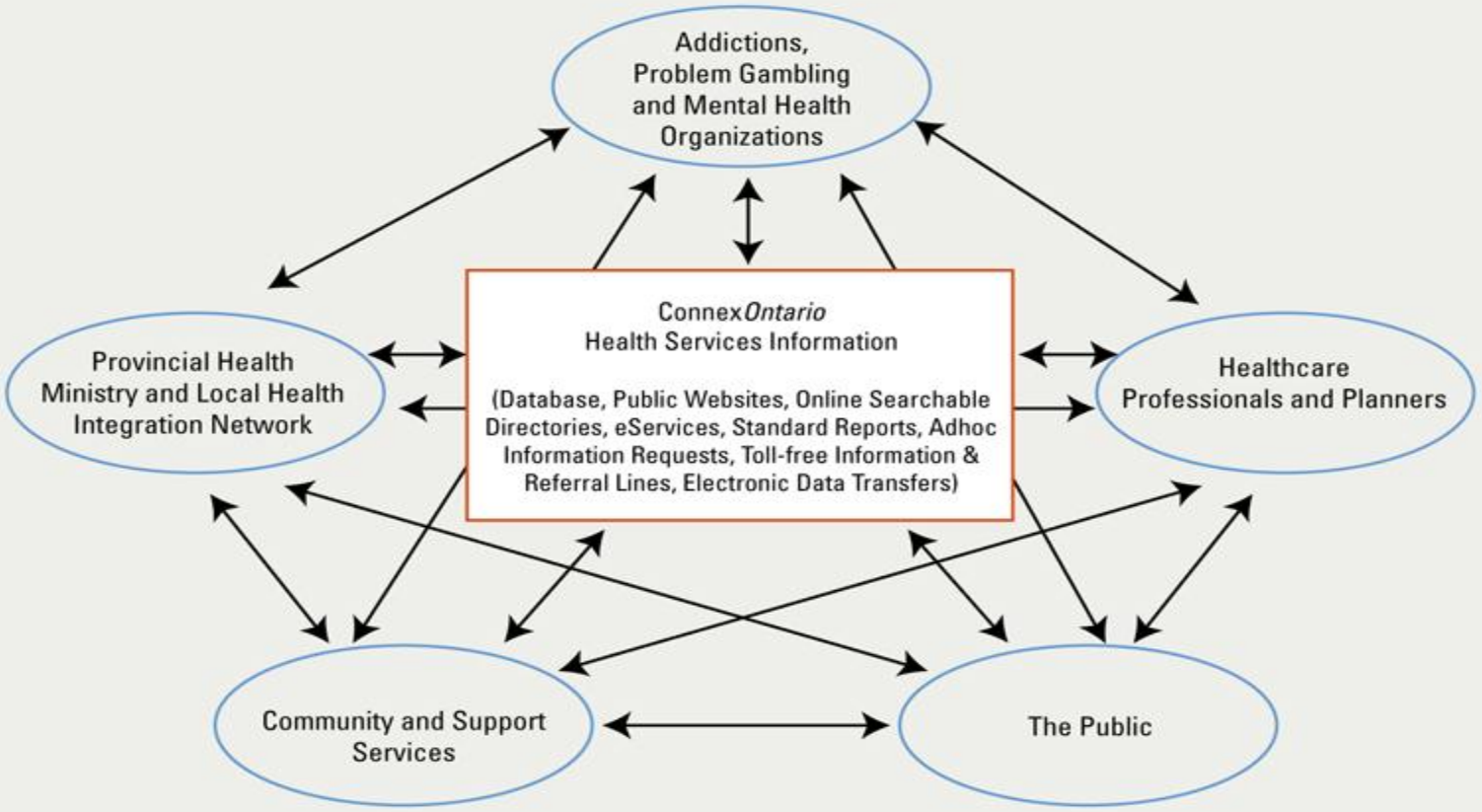
Joel Sadavoy, MD, FRCPC[1], Rosemary Meier, MB, ChB, MSc, FRCPsych, FRCPC[2], Amoy Yuk Mui Ong, MSW[3]

Can J Psychiatry 2004;49:192-199

ConnexOntario #(416) 327-6348

http://www.connexontario.ca/

Figure 1. A visual representation of the complexities of the electronic network of information that is shared amongst those requiring access



Source: ConnexOntario 2008.

Multilingual Community Interpreter Service (MCIS):

- TPS: specifically directed at *victims* of domestic violence & elder abuse, not accused persons
- MCIS usually instituted by officer o/s
- 200+ languages

TPS resources

- DVLO's, CRO's & CPO's
- Financial Crimes (416-808-7300)

- DPSU: http://www.chq.mtp.gov/cos/index.html
  - Vulnerable Persons Co-ord. (416-808-7040)
  - Crime Prevention (416-808-0135/0136)
  - DV (416-808-0104)
  - LGBT (416-808-7083)
  - APU (416-808-7046)

- Senior Crime Stoppers #(416) 222-8477
  http://www.222tips.com/programs/senior-crime-stoppers

Victim Services

- immediate on-site support & crisis intervention
- assessment of victim's needs
- links to agencies & resources in the victim's local community
- counselling
- advocacy
- violence prevention
- safety services
- outreach
- operate 24/7 (416-808-7066)

victim services toronto

TPS/community collaboration

<u>lack of collaboration/cooperation:</u>

- lack of communication
- no co-ordination
- repeat - multiple interviews
- delayed referral for criminal investigation
- destruction of crime scene/evidence
- low arrest/low prosecution rates
- decrease in safety for elderly/vulnerable victims

Future considerations…

- are you prepared to meet the needs & challenges of an older, aging, abused &/or neglected population?
- have you taken in account the complexities of a diverse community?
- what services/programs are, or need to be in place?
- all emerging issues…?
- appropriate partner agencies (including older adults)?

Accountability? Responsibility?

"As a society, we have a strong moral obligation to protect people who, as they are aging, lose the capacity to protect themselves."

Richard J. Bonnie,

Director of the Institute of Law, Psychiatry, and Public Policy

University of Virginia, Charlottesville

Doing for others…

"What we have done for ourselves alone dies with us; what we have done for others and the world remains and is immortal."

Albert Pike

A final thought

"How far you go in life depends on your being tender with young, compassionate with the aged, sympathetic with the striving & tolerant of those who are weaker than you - because someday, you will have been all of these."

George Washington Carver

Emerging Issues In Our Aging Population:

Discussion of Mental Health and Legal Issues Affecting Our Clients

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