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Aggregate Assessment

Summary Report

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For my Community Health nursing course (N4501) I was assigned to the Canadian Mental Health Association [CMHA], Newfoundland and Labrador Division,

under the direction of Geoff Chaulk, Executive Director of CMHA. As part of the course objectives I completed a needs assessment.

A needs assessment is the “process of critically examining the characteristics, resources, assets, and needs of a community, in order to develop strategies to improve the health and quality of life of the community”(Hitchcock, Schubert & Thomas 2003, p.352). A needs assessment verifies the researchers assumptions. It is based on the aggregates perception of need. Information collected on the needs of the client group is crucial in providing a rational basis for planning and resource allocation (Edmonton Social Planning Council, 1993).

In this paper I will provide information about the chosen aggregate, how the aggregate was assessed, my findings as well as recommendations for CMHA to address priority needs.

#### Information about Aggregate

For my needs assessment, the chosen aggregate were health care professionals working with seniors in long-term care [LTC]. Specifically, I wanted to explore the professional development needs of staff in regards to senior’s mental health, an identified interest by CMHA. As a result, I feel it is important to provide a brief background on some of the mental health concerns of seniors in long-term care.

According to Conn (2002), between 15 and 25 percent of seniors in long-term care facilities experience major depression and another 25 percent have symptoms of mild depression (as cited in Whalen, 2006). This suggests that up to 50 percent of residents in long-term care suffer from depressive symptoms. Late life depression is associated with “significant functional decline, family stress, greater risk of medical illness, reduced recovery from illness, and premature death from suicide or other causes”

(CCSMH, 2006, p. 16). Clinical depression among seniors over the age of 65 is estimated to be approximately 15 percent whereas the prevalence of dementia in this age group is about 5 percent (Collier, 2006). Yet functional mental illnesses such as depression have received less attention in the literature than dementia. The rate of schizophrenia in nursing homes is approximately 2.4% (Conn, 2002).

In regards to suicide, according to the Canadian Coalition for Seniors Mental Health, in 2002, 430 seniors in Canada died as a result of intentional self-harm. Interestingly 361 of these seniors were male (2006).

According to the Canadian Senate Committee on Social Affairs, Science and Technology (2006) between 75-80% of residents in long-term care facilities have some form of cognitive or mental health disorder. Therefore, they suggest that increased focus be placed on “developing and upgrading skills among staff pertaining to the treatment of mental illnesses” (as cited in Whalen, 2006). Voyer and Schindel-Martin point out that nurses play an important role in clinical assessment of elderly clients with mental health issues (2003). Therefore they must possess the necessary knowledge and skill to do so.

An Ontario study found that 80% of nursing homes have less than 5 hours per month of psychiatric services (Frank, 2002). Up to 80% of long term care residents experience a mental illness. However, only a few offer access to specialized mental health services (Frank, 2002).

According to the Canadian Coalition for Senior’s Mental Health [CCSMH] (2006), health care providers should be knowledgeable and skilled in the application of screening and assessment tools for depression in older adults. CCSMH also recommends that long term care facilities screen for depression and behaviour symptoms upon admission and at regular intervals thereafter (2006).

As the above information indicates, senior's mental health is a major concern for health care professionals working with seniors, particularly in long term care.

Unfortunately, education for health care providers in long term care facilities varies in accessibility, quality and content (Frank, 2002).

### Assessment Process

#### *Focus Group*

Initially, to gather data for my needs assessment I attended a focus group session (hosted by the CMHA) with experts in senior's mental health. Gathering information from key informants is an efficient way to gather a broad range of knowledge about a community (Hitchcock, et. al., 2003). The purpose of the round table discussion held on Friday, February 16<sup>th</sup>, 2007 was to explore and discuss the consultation paper entitled, "The Mental Health Needs of an Aging Population," written by David Whalen. This paper was written during his 2006 summer placement at the Canadian Mental Health Association. Key informants were asked to verify the findings of the paper based on their expertise/experience in senior's mental health. In addition, they were asked to identify two or three key issues of concern according to their unique perspective in senior's mental health. I recorded detailed notes throughout the meeting. I used these notes to produce a synthesis paper highlighting key themes discussed (see Appendix A). This paper was distributed to all members present at the meeting.

The following needs identified are normative needs, those identified by experts in seniors mental health (Hitchcock et. al., 2003). According to the key informants there is a need for recruitment and retention of Geriatric Psychiatrists. In addition, staff need to be knowledgeable and trained in geriatric psychiatry.

Another issue addressed was the continued ageism and stigma attached to senior's mental health concerns. The objectification of seniors by health care staff is a significant problem in LTC. Staff need education on the importance of treating seniors as persons. A proactive approach is needed through public awareness and education to address the ageist attitudes so prevalent in our society.

For seniors in long-term care, in order to access psychiatric services some have to travel to primary care settings. Psychiatric services should be located in the long-term care facilities. For seniors in LTC, the idea of leaving their home to seek treatment for mental illness is overwhelming. Along with their mental health needs, seniors often experience physical disabilities, sensory deficits and chronic illness. This compounds the difficulty for them to visit primary care settings for psychiatric services. Accessibility to appropriate psychiatric services is also impacted by the amount of family supports seniors have.

According to Suzanne Brake, Director of Division of Aging and Seniors, (key informant) in the next 15 years, 50% of the NL population will be over 50 years of age. Based on these demographics, she says, we are in strong position politically to advocate for legislative change and greater access to psychiatric programs and services for seniors.

During the discussion the idea of a seniors mental health committee developed/supported by the Canadian Mental Health Association was proposed. This committee will be comprised of professionals in the area of seniors' mental health along with seniors themselves. It would have representation from across the province and health care professionals and the public could contact the committee on a consultation basis.

In addition to the focus group meeting with key informants, I decided to interview staff from one of the six long-term care facilities in the St. John's region. The six long-term care facilities in the city are Hoyles-Ecasoni, Masonic Park, Saint Patrick's, Saint Luke's, Agnus Pratt, and Glenbrook Lodge.

As these facilities are publicly funded/government regulated, they have similar mandates. Therefore, I believe in the main, one facility is representative of the others. I choose the Glenbrook Lodge as I was familiar with the agency from a clinical placement in April 2006.

#### *Interviews at Glenbrook Lodge*

I interviewed five health care professionals from the disciplines of social work and nursing. Some of these staff held frontline positions while others held management positions. Due to an outbreak of the Norwalk virus, visitors were restricted at Glenbrook Lodge. Therefore, I could not conduct face-to-face interviews. The interviews were conducted via telephone.

All participants had between 18 and 36 years experience in health care (see Table 1, Appendix A). Participants had varied years of experience working with seniors (see Table 2, Appendix A).

In order for seniors in long term care to have access to psychiatric services they must first be referred to the Geriatric Psychiatric Referral Co-ordinator. This is a nurse who comes into the facility to conduct an initial assessment. In order for this to happen staff at Glenbrook Lodge have to have knowledge and skill to recognize the need for referral.

The following is a summary of key findings from staff interviews from Glenbrook Lodge. The following needs expressed are felt needs (communicated via an interview) (Hitchcock et. al., 2003).

All respondents reported having a good background in senior's mental health, but felt they would benefit from increased knowledge. One respondent specifically referred to having a good background in dementia and Alzheimer's. As the interview tool did not differentiate between the types of mental illness on question (see Appendix C) it is possible that the good background in mental health is limited to dementia and/or Alzheimer's. If true, respondents have a limited knowledge in other seniors' mental health issues/illnesses.

All participants felt they did not have adequate access to resources (literature, seminars, in-services, educational media) regarding senior's mental health issues. There is a definite need for improved access to educational services for staff. Guest speakers have come in to the facility to provide in-services/presentations on senior's mental health. However, these presentations have focused mainly on dementia, leaving other prevalent mental health issues unaddressed.

According to participants, Eastern Health occasionally offers in-services on senior's mental health issues/illnesses. However, due to budget and time constraints staff are limited in what they can access. Many health professionals need to be relieved by other staff in order to attend these educational sessions. It can be challenging ensuring shifts are covered. To attend most workshops, a registration fee is required, in addition to travel expenses. The idea of locally held in-services/workshops was favoured among respondents to address this issue.

The education department of Eastern Health provides notifications of available in-services to management and staff. However, the respondents had varying degrees of knowledge regarding what in-services were available. This suggests that better marketing strategies are needed to inform staff of such events.

One respondent mentioned a two-day workshop that was offered by the provincial gerontological nurses association. In addition, there is an excellent Geriatric Psychiatric Day offered through the Waterford. All respondents agreed that interactive presentations are preferred in increasing staff knowledge of senior's mental health. Only one respondent supported the idea of self-learning packages, as this would address the problem of not having enough staff to cover, while other staff attend in-services or workshops. All respondents reported they would avail of services if they were offered.

Another issue identified is the lack of mental health experts available or accessible to long term care staff. Patient outcomes are affected when staff cannot access the appropriate expertise. One respondent said there is no one they can call on who is a mental health expert. There is no psychiatrist who is available to come in on a regular basis. As a result of a lack of access to expertise, residents experience lengthy wait times from the time of referral to treatment.

According to the respondents, no screening tools are used in practice by front line staff to assess for symptoms of mental illness. They report using Folstein's Mini Mental Status Exam, however, this assesses cognitive level of functioning only. There is clearly a lack of familiarity with mental health screening tools by the staff that I interviewed. One respondent offered support for the idea of a consistent screening tool for front line staff to use. They state that not a lot of tools of this nature are at their disposal.

*Interviews at the Waterford*



In addition to interviewing staff at the Glenbrook Lodge, I interviewed staff at the Waterford hospital from E2A and N3A. E2A is the geriatric psychiatric assessment unit and N3A is a long-term continuing care unit. As staff on these units are specialized in seniors mental health I wanted to compare the knowledge level and professional development opportunities with those at the Glenbrook Lodge in regards to senior's mental health. A table of similarities and differences between findings from Glenbrook Lodge and the Waterford hospital is located in the Appendix (see Table 3, Appendix A).

I interviewed five health care nursing staff. All respondents had between 18 and 28 years of experience working in health care (see Table 1, Appendix A). Years of experience working with seniors ranged from 11 to 27 years (see Table 2, Appendix A).

The following is a summary of key findings from staff interviews conducted at the Waterford. The needs expressed were used as comparative needs (needs that emerge when one community lacks resources available/provided in another) (Hitchcock et. al., 2003).

Four out of five respondents felt that the educational resources available to them were adequate and accessible. However, they would like to see more. One frontline respondent felt that they did not have adequate access to seminars due to a shortage of staff.

In addition to being informed of national conferences, staff take the initiative to fundraise in order to attend. Frontline staff also attend interdisciplinary rounds and local seminars. Literature is disseminated via the staff educator and all respondents report having access to these self-learning materials. Obviously there is greater dissemination of mental health literature at the Waterford than at Glenbrook as the Waterford is a mental health facility.

Key themes that were reiterated by staff at the Waterford were that access to educational resources (in-services, seminars, literature, educational media) increases education/awareness and understanding of disease processes and treatment related to mental health. Staff are able to learn something new, reinforce and validate current knowledge as well as implement best practice guidelines.

Overall, staff seem to prefer active participation as opposed to self-study. According to one respondent, conferences are of most benefit to staff as they do not always take time to read literature and view educational media (DVD).

E2A has conducted in-services at Glenbrook Lodge and other long-term care facilities in the city on dementia and delirium. According to a respondent from E2A, staff access to information on late onset psychosis and schizophrenia is lacking, in addition to other mental health illnesses.

### Recommendations

Based on my findings, there is a definite need for increased access to educational resources/services for staff in LTC. Any educational sessions provided must be interactive as all respondents preferred interactive presentations as opposed to self study. In addition, these sessions must be local. To attend out of town workshops, a registration fee is required in addition to travel expenses. The idea of locally held inservices or workshops was preferred by staff to address this issue. Specifically, some staff recommended having the educational sessions onsite. In the past Eastern health has conducted inservices at Glenbrook Lodge on dementia. However, future educational

materials/sessions must focus on other mental health issues. Specifically, they must include information on late onset psychosis, schizophrenia, depression, and anxiety.

In regards to the educational package developed, it must be comprehensive and user friendly. As mentioned earlier it must contain information on the most prevalent mental health concerns among the elderly, not just dementia or Alzheimer's. The educational package should contain index cards or easy to access reference sheets outlining the signs and symptoms of various mental health illnesses in the elderly. This would be a convenient way to access information, particularly for nurses.

I recommend a train the trainer type of educational sessions facilitated by CMHA. CMHA should target Clinical Care Co-ordinators/Educators in LTC facilities to attend a workshop on how to use the educational package developed. Then, these Clinical Educators would be equipped to facilitate sessions in their respective agencies using the materials developed by CMHA. I believe it would be an effective use of limited human resources.

I recommend the formation of a mental health committee (initiated/developed by CMHA) for staff in LTC to use on a consultation basis. Along with representation from seniors themselves, committee members should be experts in the area of seniors' mental health. Staff should be able to bring "challenging" cases to the committee for recommendations on how to deal with and treat clients. Realistically this committee will meet only periodically. However, it is an available resource that does not currently exist. It would address the issue of a lack of experts available or accessible to LTC staff.

The consultation committee should discuss specific cases (without identifying information) chosen for their complexity/difficulty and make recommendations to staff. These discussions should be videotaped and disseminated to LTC facilities in DVD

format. Along with the case studies, the DVD should include senior's first hand accounts of dealing with mental health illness. In addition, it should also include information on how to assess/recognize (signs & symptoms) mental illness in the elderly.

Another identified issue from my findings is that there is need for access and education to mental health screening tools. The staff I interviewed at Glenbrook Lodge lack familiarity and use of mental health screening tools. CMHA could explore this issue further with management staff in LTC as to why screening tools are not being used. With the right resources and commitment I believe that CMHA is in a position to effect change in how seniors' mental health is understood and addressed in LTC facilities.

In conclusion, by completing a needs assessment with staff in long-term care, I have identified a need for increased availability and access to information regarding seniors' mental health issues/illnesses. Lack of access to educational resources on seniors' mental health for staff significantly impacts the quality of care seniors receive. Therefore, I have provided recommendations for CMHA in how to address this issue. Obviously, further research is required in this area before an educational tool is developed.

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## Appendix A

Table 1

*Years of experience in health care profession.*

Years of experience in profession	Place of employment	
	Glenbrook Lodge	Waterford Hospital
0-9	-	-
0-19	1 (20%)	1 (20%)
20-29	2 (40%)	4 (80%)
30-39	2 (40%)	-

Table 2

*Years of experience working with seniors.*

Years of experience working with seniors	Place of employment	
	Glenbrook Lodge	Waterford Hospital
0-5	1 (20%)	-
6-11	1 (20%)	1 (20%)
12-17	1 (20%)	2 (40%)
18-23	1 (20%)	1 (20%)

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24-29	1 (20%)	1 (20%)
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Table 3

*Comparison of responses.*

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Place of employment	Glenbrook Lodge	Waterford
Similarities	<ul style="list-style-type: none"> <li>• All respondents would avail of educational resources if they were available</li> <li>• All respondents felt they would benefit from increased access to educational resources</li> <li>• All respondents prefer interactive participation (two way dialogue) as opposed to self-study (self learning packages)</li> </ul>	
Differences	<ul style="list-style-type: none"> <li>• All five respondents felt that they did not have adequate access to educational resources</li> <li>• Mental health in-</li> </ul>	<ul style="list-style-type: none"> <li>• Four out of the five respondents felt that the educational resources were adequate</li> <li>• More holistic focus on</li> </ul>

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services limited to	seniors mental health
dementia	illnesses
<ul style="list-style-type: none"> <li>• Reported lack of</li> </ul>	<ul style="list-style-type: none"> <li>• Staff have daily</li> </ul>
intersectoral	exposure to
collaboration	interdisciplinary rounds
<ul style="list-style-type: none"> <li>• Lack of familiarity and</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge and use of</li> </ul>
use of mental health	numerous mental
screening tools	health screening tools

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### Appendix B

Memorial University  
School of Nursing

February 27, 2007

To whom it may concern:

I am in my last year of nursing at Memorial University School of Nursing. Currently, I am completing a community health clinical placement at the Canadian Mental Health Association, Newfoundland and Labrador Division. As part of the course objectives I am completing a needs assessment of health care professionals working with Seniors in Long Term Care Facilities.

This questionnaire is part of an assignment for the Community Health Nursing course at Memorial University School of Nursing. It is not part of a research study. However, I want to assure you that Professor Mary Dwyer has reviewed this questionnaire with me and that it conforms to ethical guidelines as required by the Human Investigation Committee of Memorial University. The information collected will be used only for the course, and you will not be identified. However, the anonymous information may be reported in a collective fashion to the Canadian Mental Health Association (CMHA), as part of a larger project being conducted to determine the professional development needs of health care workers in regards to Seniors mental health. The CMHA may share this information with other organizations, however, your confidentiality will be upheld.

Upon agreeing to participate you will be asked to sign a consent form to take part in a face to face interview. As your participation is voluntary you are free to withdraw from the interview at any time.

If you have any questions regarding this assignment please contact me at:

Kerrilynn Blanchard [kerrilynnblanchard@hotmail.com](mailto:kerrilynnblanchard@hotmail.com)

Sincerely,

Kerrilynn Blanchard

**Consent Form**

*I agree to participate in an interview exploring the professional development needs of health care professionals working in long term care in regards to Seniors mental health. I understand that my participation is voluntary and that my responses will remain anonymous.*

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date of Interview



**Seniors' Mental Health:**  
**A Health Care Workers Perspective**

Date:

Time:

Agency:

Occupation:

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1. (a) How long have you been in the Profession?

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(b) How long have you been working with Seniors'?

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2. How would describe your level of knowledge pertaining to seniors mental health?

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3. Have you had any experience working with seniors with mental health issues/illnesses (such as Dementia, Delirium, Depression, Anxiety, Grief, Schizophrenia, etc)?

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4. How would you describe your comfort level in working with seniors experiencing mental health issues?

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5. (a) Do you feel that you have adequate access to resources (i.e. literature, seminars, in-services, workshops, presentations, educational media, etc.) regarding seniors' mental health/illness?

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(b) What have these resources been, and through what medium have they been offered?

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6. In what ways do you feel your access to mental health resources affects seniors with whom you are working?

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7. (a) Do you feel that you would benefit from increased access to such resources?

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(b) If yes, how would you benefit?

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8. (a) Through your professional experience, what types of resources would best suit the needs of yourself and your colleagues?

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(b) If such resources were made available to you, do you feel you would access them?

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**Thank You for Your Time and Participation!**

1. What types of psychiatric services are available/accessible to residents at the Glenbrook Lodge?

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2. Are there any screening tools used in practice to determine the presence of mental illness among elderly clients? If so, who administers these?

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3. What role does stigma play on detection and treatment of mental illness among the elderly in LTC?

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4. What factors aid in thorough assessment of mental health concerns/issues among elderly clients?

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5. What factors prevent a thorough assessment of mental health concerns/issues among elderly clients?

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