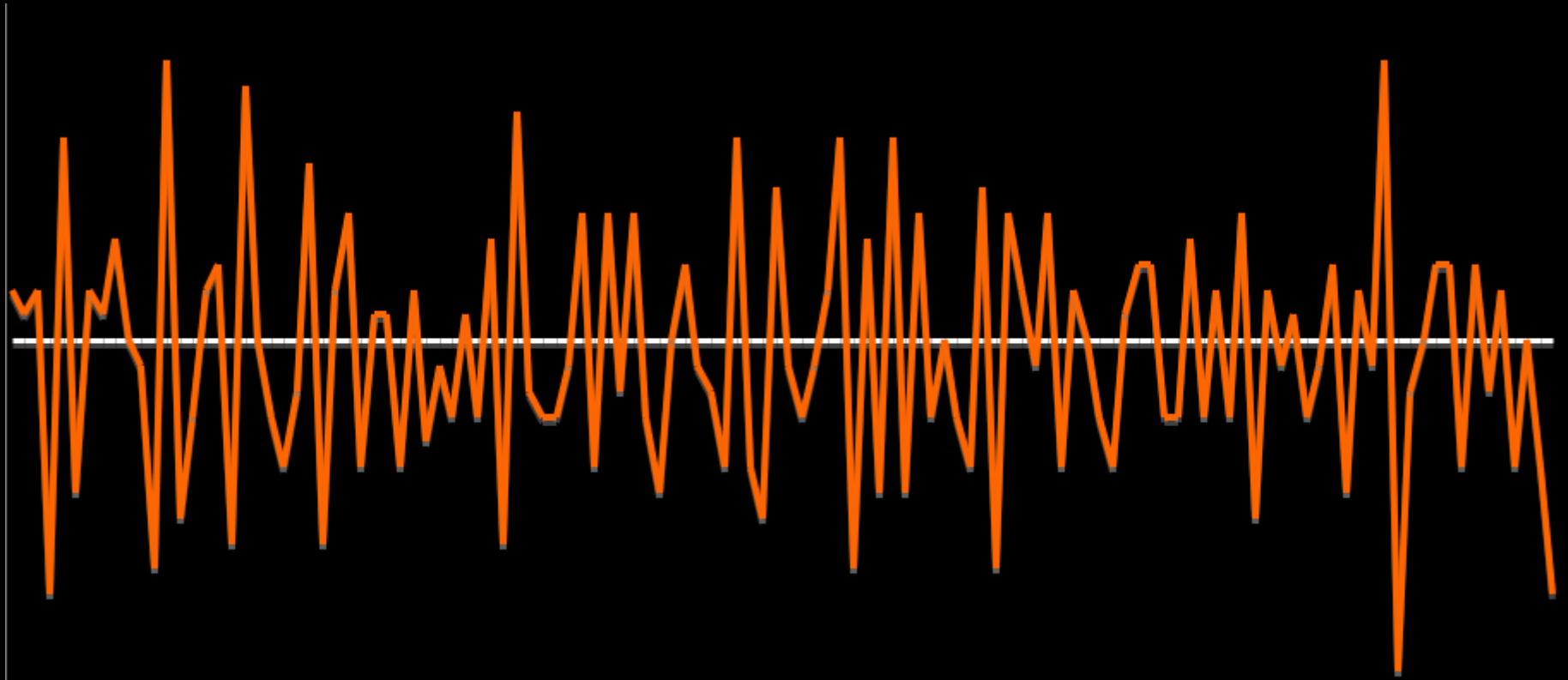


**FROM THEORY**



**TO ACTION**

**by Mary Catherine Collins**



# From Theory to Action:

Implementing the Seniors Mental Health Policy  
Lens Workshop

Toronto, Ontario

May 5, 2008

# **Pilot Site**

**Vancouver Island Health Authority**

**Older Adult Mental Health and  
Addiction Services (OAMHAS)**

**South Island**

**Victoria, British Columbia**

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# **Application of Seniors Mental Health Policy Lens Tool**

## **OAMHAS Program Redesign (2007 – present)**

- ◆ **Redesign of services with focus on shift from inpatient to community-based services**
- ◆ **Redesign embedded in Quality Improvement Approach to Planning**
- ◆ **Emphasis on Bio Psycho Social Model of Care (BPSR)**
- ◆ **Emphasis on Capacity Building and Consultation to the health care system providing care to the elderly**

# Purpose for Policy Lens Utilization

- ◆ Lens Tool used to examine the appropriateness of/process used in introducing the BPSR Model of Care within OAMHAS Program
- ◆ Purpose to evaluate the degree of focus on seniors needs being met and inclusiveness of seniors in OAMHAS planning process
- ◆ Need identified to focus on one area of Redesign (multi-facet change)

# Policy Lens Utilization Process

- ◆ Use of Policy Lens Tool integrated into regular QI/small change group activities
- ◆ Six Focus Groups held February to April 2008
- ◆ Each Focus Group scheduled for one and a half hours
- ◆ 32 participants engaged in activity

# Policy Lens Utilization Process

## **Multi-disciplinary team representation:**

- ◆ **Nursing-RN, LPN, RCA, Occupational Therapy, Physiotherapy, Geriatric Psychiatrists, Family Physicians, Social Work, Community Mental Health Workers, Rehab Assistant, Recreational Therapist, Quality Improvement Leader, Unit Clerk and others**
- ◆ **Focus Groups facilitated by Manager, Older Adult Mental Health and Addictions Services**



**DISCOVERIES**

# Discoveries

- ◆ The BPSR Model incorporates many of the areas needing to be considered in Senior Mental Health Care (affirmation factor for our planning)
- ◆ Tool opened up a totally different level of discussion-greater sensitivity as to how health professionals, although well intended, “prescribe” what is appropriate care and treatment.
- ◆ Seniors were not involved in decision to adopt the BPSR Model of Care (decision based on clinical best practice standards)
- ◆ Although BPSR Model is client/person focused, identification of personal health practices and coping skills not really addressed in practice

# Discoveries cont.

- ◆ **Opinion that supportive milieu on inpatient units has been lost by combining two different client populations (cognitively intact (i.e. depression) with cognitively impaired (i.e. dementia with problem behaviours)) and how ethically distressed staff are feeling.**
- ◆ **Discovery of desensitization of staff to acts of expressed violence between patients and between staff and patients**

**CHANGE**

# Changes Made as Result

- ◆ Inclusion of a series of questions relating to Personal Health Practices and Coping Skills in the Clinical Profile/Admission document
- ◆ Plans developed to incorporate use of this tool at regular intervals as our OAMHAS Program Redesign progresses
- ◆ Policy Lens Tool distributed in April 2008 by OAMHAS Program to other programs within VIHA providing Mental Health services and Elderly Care services.

# Value of Utilizing the Seniors Mental Health Policy Lens Tool

## Direct Quotes from Focus Group Participants:

- ◆ Geriatric Psychiatrist: “Keeps us grounded as to what is really important-not what we think is best but what is best for seniors”.
- ◆ Occupational Therapist: “Sharpens our focus as to what is truly important”.
- ◆ Nurse: “Helps to identify the knowledge gaps we have about seniors as people and also what we are doing well”.

# Direct Quotes from Focus Group Participants cont.:

- ◆ **Social Worker:** “Makes me so realize what a very small part the health care team plays in the lives of those we care for...and how we don’t really understand / seek out information about how these individuals have managed their lives before we ever came to see them”.
- ◆ **Family Physician:** “I am humbled - the depth of discussion has made me realize how little I take into account the human experience of the individual in my care approach - thank you for this opportunity to get re-focused on why I do this work”.

# Recommendations from Focus Group

- ◆ **More concise instructions as to use/purpose. Needs to be more user friendly.**
- ◆ **Essential that facilitator be able to establish a trusting environment for individuals to be able to disclose their views on such sensitive topics.**
- ◆ **Highly recommend that this Seniors Mental Health Policy Lens Tool be supported for distribution throughout the health care system.....a very valuable tool.**