Vulnerabilities associated with aging: how to identify them and seek help

Thirteenth exchange session

Offered within the cross-training program on mental health and substance use disorders.

Aiming to improve the continuity of services and programs for older persons who are at risk for, or who have dementia, mental health, and substance use disorders.

Participant Guide

November 27, 2015
Douglas Mental Health University Institute

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Douglas
INSTITUT UNIVERSITAIRE EN SANTÉ MENTALE
MENTAL HEALTH UNIVERSITY INSTITUTE

Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'Île-de-Montréal
Québec

Welcome to the 13th training session offered within the Cross-training program on mental health and substance use disorders!

What is "Cross-training"?

Cross-training is an approach that is becoming increasingly used to improve the functioning of services within a network. The aim is to create a better understanding of the role of each partner to ensure an optimal continuity of services. Cross-training programs generally involve **observational personnel rotations** among different teams working with a same or similar clientele in order to allow professionals to learn more about other resources and different methods of intervention. This technique helps to enhance professional collaboration and also improves the continuum of services. Since 2007, **exchange sessions** have been added to the program, such as the one that you are participating in today.

What does this 13th exchange session consist of?

The general objective is to create a better picture of the **current situation for the elderly** living with dementia, mental health, and substance use disorders and to discuss the different methods of evaluation and intervention.

The exchange session that you are participating in today includes the following activities:

- Conferences and presentations;
- Group discussions based on case studies;
- Panel of caregivers;
- Review of the day.

On behalf of all of the partners involved in the organization of this activity, I wish you an excellent exchange session!

Michel Perreault, Ph.D.

Who are the participants?

This exchange session brings together, via visioconference, participants from ten distinct sites in the regions of Montreal, Mauricie, Outaouais and Quebec. In total, more than 400 professionals will be taking part in this day. These individuals come from the fields of psychiatry, substance abuse treatment, public health, public security, as well as the network of services for the elderly. Also among us and involved in the organization of the day are professionals from establishments within the health network as well as alternative resources, community organizations, and universities.

Am I a model participant?

- The model participant responds to his or her primary needs (drinks, snacks, meals, washroom) within the time allotted for breaks and respects the schedule;
- The model participant makes sure to turn off his or her cellphone, pager, or any other device before the beginning of the presentations;
- The model participant is happy to know that if he/she has mentioned having a food allergy in the registration form, there will be a lunch box with their name on it reserved for them at the registration table at the front of the Douglas Hall. If in doubt, you can speak to Louise Bénard.

Acknowledgements

This activity is offered courtesy of funding obtained from the *Molson Foundation* and from the contribution of partner resources that support the continued participation of their personnel. A special thank you to our collaborators from the CISSS de l'Outaouais and the Centre de réadaptation en dépendance Domrémy de la Mauricie/Centre du Québec as well as to everyone who, once again, has generously accepted to participate in the organization of the day in the role of presenter, discussion group moderator or reporter, as well as those who have joined our research team in order to help support the event. Thank you!

Please address any questions or comments to our fabulous team members:

Registration	Diana	514-761-6131, ext. 2829 diana.milton@douglas.mcgill.ca
Food and beverage	Louise	514-761-6131, ext. 3459 louise.benard@douglas.mcgill.ca
Coordination of the event	Léonie	514-761-6131, ext. 2835 Leonie.Archambault@douglas.mcgill.ca
Program in general	Michel	514-761-6131, ext. 2823 michel.perreault@douglas.mcgill.ca

Clinical case studies

CASE STUDY #1

Mrs. Tremblay, 81 years old
Lives with her spouse
Four children (3 daughters and 1 son)

Mrs. Tremblay has lived with her husband for 58 years. The couple resides in Montreal and their four children live in Laval and Longueuil. For some time now, the children have noticed that their parents are more isolated than before. They go out less, seem to have lost weight, and are neglecting the maintenance of their home. Mr. Tremblay confided in his daughter that he noticed certain changes in his wife's behaviour. She has less energy, slowed reactions, and her mood changes easily. She forgets to prepare meals, or asks for their son Marc's phone number when she wants to call him (when she used to know the number by heart). Furthermore, Mr. Tremblay noticed that his wife often makes mistakes when taking her medication and becomes aggressive toward him when he offers to help. Following a recent visit to the Emergency department for an episode of arrhythmia, a request for an evaluation of needs for home assistance was made with the CLSC by the hospital. However, Mrs. Tremblay refused the visit from the CLSC. She accused her husband of "making her out to be a crazy person" and "wanting to put her in a home." Mr. Tremblay feels powerless, faced with the aggressive attitude and blame placed on him by his wife, and does not understand the cause of these behaviours. After having a few minor accidents when parking the car in their garage, Mrs. Tremblay agreed to stop driving, using the excuse that her vision "is not as good as it used to be". Mr. Tremblay now accompanies her everywhere. He feels exhausted and anxious but does not know how to bring up the situation and dreads the reaction of his wife if he tries to seek help. He has also noticed that she is becoming more anxious and nervous, often has difficulty falling asleep, and is taking more and more medication to help her sleep (lorazepam). He even suspects that she has taken some of the pills that were prescribed to him for an upcoming minor surgery. Mr. and Mrs. Tremblay's children are wondering how they can help their parents in these circumstances.

Discussion questions:

1. Is the case of Mrs. Tremblay representative of the clientele that you work with?
   ☐$_1$ Yes, totally ☐$_2$ Yes, partly ☐$_3$ More or less ☐$_4$ No, not at all
2. Within your practice, in which way would you be able to approach the situation of Mrs. Tremblay? Which actions could be set in place from a clinical standpoint?
3. Which existing services or programs could be useful to help Mrs. Tremblay?
4. In your opinion, what could have been done to prevent the crisis situation (deterioration, husband's distress) that Mrs. Tremblay finds herself in?
5. In an ideal world, if you could improve the services offered for concurrent disorders for the elderly, what would you propose?

CASE STUDY #2

Mr. Herrera, 66 years old, originally from South America (has lived in Québec for 30 years)
Social network: Divorced, father of a daughter living in South America (conflictual relationship), a friend/roommate that is 55 years old and suffers from depression and a pulmonary disorder

M. Herrera has always consumed a few beers on a daily basis, sometimes getting drunk on the weekend with some friends in cafés. His consumption became problematic about ten years ago and became worse with the loss of his job as a security guard five years ago. Mr. Herrera has become disorganized: the cleanliness of his apartment has been neglected and he is accumulating lots of items. He is being threatened for eviction, is no longer paying his taxes, and is bothering his neighbours and having confrontations with them. When in a state of intoxication, Mr. Herrera sometimes disturbs the peace in his area. A number of times, someone from the Société des alcools du Québec (SAQ) has asked him not to return due to inappropriate behaviour and has threatened to call the police. Before arriving in Canada, Mr. Herrera was a high-ranking officer in the army for his country, which he was forced to flee. When he is intoxicated, he becomes very distressed and reminisces on this episode of his life. He would like to return to his home country. Mr. Herrera has undergone many detox treatments and attended rehabilitation programs (internal and external) in different centres. He always goes back to problematic drinking when he goes home and abandons his follow-ups. During certain periods, he consumes large quantities of vodka. Then, when he is in a period where he stops consuming, he has major withdrawal symptoms that require medical supervision. Following abrupt cessations of alcohol consumption, he finds himself going to the Emergency department of the hospital numerous times per month.
After one particular period of intoxication, Mr. Herrera suffered fractures of the vertebrae of his back. He went to the Emergency department and returned home with a prescription for a pain reliever and a reference for home-based care from the CLSC. When consulting the medical file of Mr. Herrera, the nurse in charge of evaluating him notices a prior history of borderline personality disorder as well as diagnoses of cirrhosis and type II diabetes. He also has a history of suicide attempts. A reference to the CLSC for a follow-up in mental health was made two years ago, but Mr. Herrera did not attend his appointment. During the visit from the CLSC nurse, he cries and verbalizes his suicidal ideations. The nurse notices that he also seems to have difficulty managing his medication. He asks for help finding a resource to help him with his alcohol problem and his psychological distress.

Discussion questions:

1. Is the case of Mr. Herrera representative of the clientele that you work with?
   ☐$_1$ Yes, totally ☐$_2$ Yes, partly ☐$_3$ More or less ☐$_4$ No, not at all
2. Within your practice, in which way would you be able to approach the situation of Mr. Herrera? Which actions could be set in place from a clinical standpoint?
3. Which existing services or programs could be useful to help Mr. Herrera?
4. In your opinion, what could have been done to prevent the crisis situation (deterioration, injuries, disorganization) that Mr. Herrera finds himself in?
5. In an ideal world, if you could improve the services offered for concurrent disorders for the elderly, what would you propose?

CASE STUDY #3

Mr. Leblanc, 77 years old
Widow for 18 months
Two children (Marc and Robert)
Retired

Over the past few months, Mr. Leblanc's neighbour has noticed that he rarely ever leaves his home and barely has any visitors. When he goes out, his clothes seem worn-out and his appearance is being neglected. Since the death of his wife last year, Mr. Leblanc has lost a lot of weight. Last week, his neighbour heard strange sounds and cries coming from his home. She rang his doorbell, but no answer. She called 911 and the police found Mr. Leblanc on the ground after having fallen. He was in pain and his speech was confused. Numerous empty bottles of alcohol were visible in the apartment. When brought to the hospital, he receives a diagnosis of a hip fracture for which he is treated. The medical team notices that he had missed his annual check-up with his family doctor. Robert reports that since the death of his wife, Mr. Leblanc has had trouble sleeping, a loss of appetite and that he neglects his personal hygiene and domestic chores. According to Marc, he has a family history of alcoholism. He adds that his father has become more aggressive than before and that he visits his father less and less, not knowing how to interact with him. Robert continues to visit his father occasionally. Suffering himself from problems linked to substance use, Robert has an unstable life situation. Marc fears that Robert is taking advantage of his father's vulnerable state to get money from him. The interdisciplinary team in charge of Mr. Leblanc meets to discuss the biopsychosocial situation of the patient and the action plan to be set in place to promote an eventual return home.

Discussion questions:

1. Is the case of Mr. Leblanc representative of the clientele that you work with?
   ☐$_1$ Yes, totally ☐$_2$ Yes, partly ☐$_3$ More or less ☐$_4$ No, not at all
2. Within your practice, in which way would you be able to approach the situation of Mr. Leblanc? Which actions could be set in place from a clinical standpoint?
3. Which existing services or programs could be useful to help Mr. Leblanc?
4. In your opinion, what could have been done to prevent the crisis situation (injury, family problems, isolation) that Mr. Leblanc finds himself in?
5. In an ideal world, if you could improve the services offered for concurrent disorders for the elderly, what would you propose?

Where to find your discussion group

- **Groups # 1 to # 7 : basement of the Douglas Hall**
- **Groups # 8 to # 11 : Bowerman room of the Dobell Pavilion**
- **Group # 12 : Maurice-Forget room, 2nd floor of the Douglas Hall**
- **Group # 13 : Gaston-Harnois room, 2nd floor of the Douglas Hall**
- **Group # 14 : Room K-3223, 3rd floor of the Porteous Pavilion**
- **Group # 15 : Room B-0102 – basement of the Dobell Pavilion**

How to get to the Porteous Pavilion

From within: Descend to the basement of the Douglas Hall and follow the arrows. The permanent directions and signs may also be useful for you to follow. When you arrive at the elevator, ascend to the 3rd floor. The **room K-3223** is located in the **B aisle**, in the hallway located behind you.

From the outside: Exit the Douglas Hall through the main doorway. Follow the pathway on your right and then turn right. The Porteous Pavilion can be found on your left, after the Emergency Pavilion. When you enter the Porteous Pavilion, you must wait for the first set of glass doors inside the building to close completely before you will be able to open the second set of glass doors. Take the elevator to the 3rd floor. The **room K-3223** can be found in the **B aisle**, located behind you as you exit the elevator.

Return to the auditorium of the Douglas Hall at 1:40 pm. Please be on time!