Inpatient Mental Health in Ontario: A Focus on Caring for Seniors

Seniors account for proportionately more ALC days

In 2013–2014, 75.0% of seniors (age 65 and older) and 87.7% of non-seniors discharged from adult inpatient mental health beds in Ontario came from a private residence. As expected, fewer seniors (76.2%) returned to a private residence following discharge than non-seniors (89.8%; see Figure 1). 6.1% of the seniors admitted from a private residence moved into an acute care facility, compared with 1.0% of non-seniors.

Although they made up only about 10% of inpatients in adult mental health beds, seniors accounted for more than one-third of total ALC days (24,675 of 64,456 total ALC days).

Figure 1: Living arrangements following discharge among seniors and non-seniors admitted to adult inpatient mental health beds in Ontario from a private residence, 2013–2014

Note
The basic unit of observation is discharges from hospital (N = 44,767 non-seniors and 4,198 seniors).
Source
Seniors in inpatient mental health settings have unique care needs

In 2013–2014, seniors’ top 3 mental health diagnoses were mood disorders, dementia/other cognitive disorders and schizophrenia/other psychotic disorders. In addition to mental health diagnoses, 27.8% of seniors had 3 or more medical diagnoses (compared with 6.9% of non-seniors). Also, on average, seniors stayed in inpatient mental health beds nearly twice as long as non-seniors (47.0 days versus 26.2 days).

The detailed clinical assessment data derived from the RAI-MH allows for a comparison of specific needs or difficulties experienced by inpatients at admission. Compared with non-seniors, seniors were more likely to experience difficulty caring for themselves independently and managing their own medications and finances (see Figure 2). They were also more likely to experience pain and falls but less likely to smoke, abuse substances and engage in purposeful self-harm or criminal activity.

Figure 2: Difficulties experienced at admission* among seniors and non-seniors admitted to adult inpatient mental health beds in Ontario, 2013–2014

Notes
* Difficulties experienced at admission are based on Mental Health Clinical Assessment Protocols (MH CAPs) triggered in response to patient characteristics. They inform care planning by identifying patient strengths, needs and preferences. The basic unit of observation is admissions to hospital, not unique patients (N = 50,976 non-seniors and 5,588 seniors).

Source
More than one-third of all seniors (39.6%, compared with 74.5% of non-seniors) in inpatient mental health settings were admitted with intact cognitive function, although this proportion varied by patient age (see Figure 3). Seniors were also more likely than non-seniors to exhibit moderate to severe and very severe aggressive behaviour at admission (see Figure 4).

Figure 3: Seniors admitted to adult inpatient mental health beds in Ontario with intact cognitive function,* 2013–2014

![Figure 3](image)

**Note**

*Cognitive function was measured using the interRAI Cognitive Performance Scale (CPS). The basic unit of observation is admissions to hospital, not unique patients (N = 5,588).

**Source**


Figure 4: Aggressive behaviour levels* among seniors and non-seniors admitted to adult inpatient mental health beds in Ontario, 2013–2014

![Figure 4](image)

**Note**

*Aggressive behaviour levels are based on the interRAI Aggressive Behaviour Scale (ABS). The basic unit of observation is admissions to hospital, not unique patients (N = 50,976 non-seniors and 5,588 seniors). Proportion of admissions where no aggressive behaviour was reported is not shown.

**Source**


Caregivers of seniors and non-seniors who receive inpatient mental health care feel similarly overwhelmed

Despite seniors’ complex care needs, only 31.0% of their families/close friends reported being overwhelmed by their illness (compared with 29.5% for non-seniors). Seniors and non-seniors had similar access to family and friends who could regularly meet their supervision for personal safety (65.3% versus 68.9%) and crisis support (53.5% versus 52.3%) needs. Seniors and non-seniors were also similarly likely to report having at least 1 confidant (91.4% versus 90.0%).

References


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Unless otherwise indicated, this product uses data provided by Canada’s provinces and territories.

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