Collaborative Research Grant Initiative: Mental Wellness in Seniors and Persons with Disabilities

Ideas Fund Final Report

Educational and Consultation Requirements for Continuing Care in Working with Mental Illness: Perspective of Continuing Care Managers and Staff

May 7, 2012 - Terry Zibin
EXECTIVE SUMMARY

The Seniors Mental Health Program (SMHP) in collaboration with Seniors Health Central Zone investigated the perceptions of Continuing Care managers/staff with respect to educational/consultation requirements for those working with clients who have a dementia and/or mental illness.

This project explored the transition of clients referred from the SMHP to Continuing Care facilities. It examined a number of factors including: how Continuing Care managers/staff saw themselves working with clients with a dementia and/or mental illness, the policies and procedures followed, and the environmental supports and resources that would help to provide better care.

The project consisted of a quantitative research approach utilizing a Facility Manager Survey and a Staff Survey.

The results showed that Continuing Care staff were more comfortable and reported greater knowledge and skills working with clients with a dementia rather than a mental illness. Areas for improvement identified included:

- Specialized education focused on dementia and mental illness, with particular attention to mental illness, related to:
  - Signs and symptoms of illness
  - Skills and knowledge required to provide care to clients
  - Management of challenging behaviors (e.g. physical aggression) and psychiatric symptoms (e.g. delusions/hallucinations)
- Management of environmental factors to promote safety and security for clients and staff
- Review of care procedures/practices to address issues related to the level of supervision and the amount of time required to provide care to clients
- Discussions between Seniors Health, Continuing Care Managers and the SMHP to address the identified need of “limited access to psychiatric/mental health supports”

Directions for further research include investigating models of specialized education delivery, current education/training practices used at other/similar facilities and best practices and standards of care for dementia and/or mental illness.

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1 SMHP is a program at The Centennial Center for Mental Health & Brain Injury (CCMHBI) under Addiction & Mental Health (A&MH) and serves individuals generally over the age of 65 who have a dementia and/or mental illness.

2 A Continuing Care facility includes the designated Supportive Living (SL) levels of SL3, SL4, SL4D (Dementia) and Long Term Care (LTC).
RESEARCH OVERVIEW

Objective(s)
The overall purpose of this project was to assess the perspective of Continuing Care facility managers/staff regarding their understanding of dementia and mental illness and how these illnesses impact service delivery. It also included an examination of the transition process for clients referred from the SMHP into a Central Zone Continuing Care facility, and identification of areas for improvement within this process.

The areas explored were as followed:
- How Continuing Care managers/staff see themselves working with clients with a dementia and/or mental illness
- Policies and procedures followed
- Environmental factors within Continuing Care facilities that influence manager's/staff's ability to provide effective care to clients with a dementia and/or mental illness
- Supports/resources Continuing Care managers/staff feel would help them better provide care to clients with a dementia and/or mental illness

Background

Problem Description: Seniors with dementia and/or mental illness are often a clinical challenge for caregivers as they may present with a combination of psychiatric issues, behavioral difficulties, functional limitations (Activities of Daily Living /Independent Activities of Daily Living) and medical needs.

A Housing Needs Assessment Report completed by Addiction and Mental Health (A&MH) – Central Zone (Zibin & Hodgson, June 2009) identified the following difficulties related to the transition process for patients determined ready to leave the SMHP, which may affect their acceptance into a Continuing Care facility:
- Continuing Care facility staff lacking the necessary skills, knowledge and experience to work with these clients, especially with regards to behaviors such as physical aggression
- Assumptions made by staff involved (e.g. facility staff may have preconceived perceptions regarding working with seniors with a dementia and/or mental illness)

Importance of Addressing the Problem: In a review of the literature, it is clear that housing for seniors will become an increasing issue, as seniors constitute the fastest growing population in Canada. In 2001, Canada’s first baby boomers reached the age of 65, accounting for close to 15% of the Canadian population. By 2031, it is projected this will increase to between 23% and 25% of the total population (Statistics Canada Daily, 2005; Hill et al, 1996).

When comparing community dwelling elderly with and without a dementia, Schoenmakers, et. al. (2008) found that those with a dementia were 4.5 times more likely to be admitted to a psychiatric facility and 14 times more likely to be admitted to a nursing home. Behavioral disturbances such as aggression, agitation and wandering contributed significantly to the decision for institutionalization in the group with dementia. Studies also show that 80% to 90% of seniors living in a long-term care setting have some form of mental disorder (CCSMH Fact Sheet: Focusing on Long-Term Care Settings).

Elevated physical and medical levels of care required by seniors with a dementia or mental illness along with high staff turnover rates and shortages, affect the quality of care these clients receive. In a study of 253 nursing staff, Brodaty et al (2003) found that residents with dementia were perceived more negatively than positively.

As Alberta Health Services (AHS) focuses on the need to reduce the number of seniors waiting for Continuing Care placement in an acute care bed (Becoming the Best: Alberta’s 5 - Year Health Action Plan, 2010-2015, Nov 2010), it is important to gain an understanding of the education/consultation needs that will best support the care of clients with complex dementia and/or mental illness in these facilities.
**Approach and Methods**
The project, conducted from May 4, 2011 to November 30, 2011, was a collaborative effort on behalf of SMHP and Seniors Health – Central Zone and is part of a larger project that examined Discharge Challenges for Seniors with Mental Illness by understanding systemic limitations (Seed-Bridge Fund).

Ethics approval for this project was received from the Community Research Ethics Board of Alberta (CREBA), on May 4, 2011 and approval for implementation was granted by the Alberta Health Services (Central Zone) Research Committee on May 19, 2011.

**Surveys:** Two surveys were developed and used in this study. These included a Continuing Care Facility Manager Questionnaire and a Continuing Care Staff Questionnaire (Appendix 1 & 2).

The questionnaires were compiled and pilot-tested by members of the project team in consultation with Seniors Health, Central Zone. The questionnaires contained both closed and open-ended questions and took less than fifteen minutes to complete.

Questionnaires, with self-addressed envelopes, were distributed to staff members by inter office mail and through managers.

**Study Design:** Cross-sectional research design

**Sampling:**

**Staff Survey:**
1334 questionnaires were distributed and 232 (17.4%) completed surveys were returned. The majority (60.1%) of respondents were Health Care Aides, followed by Nurses (21.5%), LPNs (15.7%), Management (1.3%) and Other (1.3%)

**Facility Manager Survey:**
Surveys were distributed to twenty-nine Continuing Care facilities in the Central Zone and twenty-one completed surveys were returned (a response rate of 72.4%)

**Measures:**

**Staff Survey:**
The primary constructs measured were:
- Personal feelings and opinions of managers/staff working with clients with a dementia and/or mental illness
- The greatest barriers to meeting the needs of clients in care facilities
- The ability of the care facility (managers/staff) to manage challenging behaviors related to a dementia and/or mental illness
- The strategies currently used to manage these behaviors
- The resources currently available to access for support in dealing with clients with dementia and/or mental illness
- Recommendations that would help managers/staff work more effectively with a clients who have a dementia and/or mental illness

**Facility Manager Survey:**
The primary constructs measured were:
- Characteristics of the facility (designation levels - DSL3, 4 and/or LTC, number of clients living in the facility, designation of staff and staff/patient ratios)
- History of referrals made and/or admissions to the SMHP from Continuing Care facilities
- Type of building security used

**Data Analysis:**
Questionnaires were coded and data was entered into analytical software SPSS (Version 18.0 for Windows). A data quality check was completed on 10% of the questionnaires received. The quality of data entry was enhanced by conducting initial frequency runs on all data elements to control for duplicates and out of range variables. For the open-ended questions, content analyses of the
responses were conducted by members of the project team. Descriptive statistics were utilized in analyzing survey results.

Limitations
Staff Survey:
A low response rate resulting in small sample size limited the quantitative analyses. To compensate for this, the 5-point Likert-type scales of the Staff Questionnaire were re-coded into a three point scale, combining Somewhat Agree with Agree into “Agree” and Somewhat Disagree with Disagree into “Disagree” to provide more useful data.

Facility Managers Survey:
Responses to some questions in the surveys did not allow for reliable analysis because participants did not respond to the question as indicated. For example, Question 9: “What is your average staffing ratio (staff to client) on the following shifts of Days, Evenings and Nights”. Some responses indicated only a single number and it was not clear if this number related to staff or clients and some did not indicate the ratio according to shift.

Key Findings – Staff Survey:
Perceptions about working with clients with dementia and/or mental illness
Continuing Care facility managers/staff reported (see Table 1):
- A higher confidence level working with clients with dementia (88%) than relative to mental illness (70%) along with more past experience working with clients with dementia (87%) than with mental illness (70%)
- A better knowledge of the symptoms and behaviors related to dementia (85%) vs. mental illness (61%), as well as having the right skills and knowledge to work with clients with dementia (84%) (vs. mental illness 52%)
- Better ability to get the help they need to work with clients with dementia (64%) rather than mental illness (44%)
Although 66% of staff felt that their facility (managers & staff) did a good job of caring for clients with a dementia, 49% of manager/staff felt that these clients should be managed in a more specialized unit/facility. Less than half of managers/staff (47%), felt their facility did a good job of caring for clients with a mental illness with 69% feeling these clients should be managed in a more specialized unit/facility.

TABLE 1: Personal feelings and opinions of managers/staff working with clients with a dementia and/or mental illness

<table>
<thead>
<tr>
<th>Type of Client</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>I feel confident working with these clients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dementia</td>
<td>15</td>
<td>6.6</td>
<td>13</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>50</td>
<td>22.7</td>
<td>40</td>
</tr>
<tr>
<td>I have past experience working with these clients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dementia</td>
<td>14</td>
<td>6.2</td>
<td>14</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>32</td>
<td>14.3</td>
<td>35</td>
</tr>
<tr>
<td>I feel I know the symptoms and behaviors associated with these illnesses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dementia</td>
<td>13</td>
<td>5.7</td>
<td>22</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>43</td>
<td>19.5</td>
<td>43</td>
</tr>
</tbody>
</table>

Continued…
TABLE 1: Personal feelings and opinions of managers/staff working with clients with a dementia and/or mental illness (Continued….)

<table>
<thead>
<tr>
<th>Type of Client</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>I feel I have the right skills and knowledge to work with these clients</td>
<td>Dementia</td>
<td>20</td>
<td>8.7</td>
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<tr>
<td></td>
<td>Mental Illness</td>
<td>61</td>
<td>27.7</td>
</tr>
<tr>
<td>I can get the help I need to work with these clients</td>
<td>Dementia</td>
<td>57</td>
<td>25.0</td>
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<tr>
<td></td>
<td>Mental Illness</td>
<td>85</td>
<td>38.5</td>
</tr>
<tr>
<td>I feel my facility (staff and management) does a good job caring for these clients</td>
<td>Dementia</td>
<td>38</td>
<td>16.6</td>
</tr>
<tr>
<td></td>
<td>Mental Illness</td>
<td>76</td>
<td>34.4</td>
</tr>
<tr>
<td>I feel these clients should be managed in a more specialized unit/facility</td>
<td>Dementia</td>
<td>63</td>
<td>27.8</td>
</tr>
<tr>
<td></td>
<td>Mental Illness</td>
<td>32</td>
<td>14.3</td>
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</table>

Barriers in care facilities to meet the needs of clients with a dementia and/or mental illness
The greatest barrier identified by managers/staff was the length of time required to provide care for clients (77%). This was followed by: limited access to psychiatric/mental health supports (70%) and inability to provide the level of supervision these clients needed (69%). See Figure 1.

Figure 1: Barriers in care facilities to meet the needs of clients with a dementia and/or mental illness

Ability of care facilities (manager/staff) to manage challenging behaviors related to dementia and/or mental illness
- Results show that 53% of managers/staff reported their facilities can manage behaviors related to safety issues (e.g. unsafe smoking), exit seeking/elopement (45%) and care issues (e.g. night time wakefulness requiring intervention), (45%). See Figure 2
- Fewer respondents felt their facility had good ability to manage behaviors of resistiveness to care (37%), hoarding/rummaging (37%), shadowing (34%), sexual disinhibitions (33%), socially inappropriate behavior (34%), and verbal aggression (31%)
- The most difficult behaviors to manage were physical aggression (22%) and psychiatric symptoms (e.g. delusions/hallucinations), (24%)
Figure 2: Ability of care facilities (managers/staff) to manage challenging behaviors related to a dementia and/or mental illness

<table>
<thead>
<tr>
<th>Behavioral Features</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
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</thead>
<tbody>
<tr>
<td>Physical Aggression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal Aggression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiousness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resistiveness to Care...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Socially Inappropriate...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Disinhibition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exit-seeking/Elopement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hoarding/Rummaging</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shadowing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety-related Issues</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Care Issues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric Features</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Strategies used in managing behaviors related to a dementia and/or mental illness

Strategies reported by managers/staff included the following:
- Development of care/treatment plans to address behaviors (82%)
- Referral to a physician for assessment or medication reviews (82%)
- Use of items such as Broda chairs and lap belts (71%)
- Other (13%)

Resources currently available to access for support in dealing with clients with dementia and/or mental illness

Managers/staff reported accessing Continuing Care Counselors (49%) services available through the Rosehaven Provincial Program (47%), Seniors Outreach Nurses (33%), Home Care Nurses (27%) and the Acute Care of the Elderly Team (ACE), (15%) for help/support when required

What would help to work more effectively with clients who have behaviors related to a dementia or mental illness?

Qualitative comments from managers/staff regarding recommendations to work more effectively with clients with dementia and/or mental illness were grouped into the following themes:
- Increase patient/staff ratios (45%)
- Improve client care (e.g. more time to provide care/supervision for clients), (45%)
- Increase support from management/experts in dealing with difficult clients/situations), (45%)
- Continuous mental health education (41%)
- Address environmental needs (e.g. areas designed to meet the specific needs of clients with dementia and the clients with mental illness), (23%)
Key Findings Facility – Facility Managers Survey:
Characteristics of Central Zone Continuing Care facilities

Designation levels of facilities: DSL3 (4%), DSL 4 (4%), LTC (83%) and Other (8%)

Private/Shared Rooms:
- 605 private rooms (Range: 7 – 112 rooms)
- 271 shared rooms (Range: 0 – 70 rooms)

Number of clients living in facilities: 1090 clients (Range: 13 – 112 clients)

Number of staff working at these facilities:
- 174 nurses (Range: 0 – 24 nurses)
- 122 LPNs (Range: 0 – 15 LPNs)
- 752 aides (Range: 1 – 123 aides)
- Other professions: Unable to accurately report due to inconsistent recording, however it appears that 20 facilities have some level of access to Recreation Therapy, 19 to Occupational Therapy and 13 to Physical Therapy

Staff/client ratios at facilities: Unable to report accurate staffing ratios due to inconsistent recording (e.g. some reported staffing by actual numbers, others by FTEs)

Type of restraints currently used in facilities
- Side rails: 81%
- Restraint belts on chairs, toilet or commodes: 57%
- Chair/table restraint: 55%
- Hand/arm board: 17%
- T-belt restraint: 15%
- Other (foot/hand restraint, hand control mitt, jumpsuits) – 5% respectively

Main reasons for use of restraints: Safety, prevention of falls and positioning

History of referrals made and/or admissions to the SMHP from Continuing Care facilities
- 85% of facilities had referred clients for assessment and treatment at the SMHP
- 80% of facilities had clients that received inpatient treatment at the SMHP

Type of building security used
- Wanderguard (a security system that monitors an individual’s movement): 52%
- Coded/Key Punch Door: 41%
- Other: 7%

Discussion
It is evident that Continuing Care facility managers/staff felt more confident working with clients with dementia rather than those with mental illness. They also report a better knowledge of symptoms and behaviors related to dementia (vs. mental illness) as well as skills and knowledge to work with these clients. Although 66% of managers/staff felt that their facility did a good job of caring with clients with a dementia, 49% of managers/staff felt that these clients should be managed in a more specialized unit/facility. Less than half of managers/staff (47%), felt their facility did a good job of caring for clients with a mental illness, with 69% feeling these clients should be managed in a more specialized unit/facility.

Barriers to meeting the needs of clients with dementia and/or mental illness within facilities were almost equally reported. These included, the length of time needed to provide care along with an inability to provide the level of supervision required to care for these clients. This resulted in disruption to care for other clients and to daily routines of care. Other barriers reported were a lack of staff skill/expertise to deal with these clients and the physical layout of the facility that does not allow for safe supervision of clients, as well as access to psychiatric/mental health supports.

According to managers/staff, aggression (physical and/or verbal), psychiatric features (e.g. delusion/hallucinations) and sexual disinhibition were the behaviors that facilities had the most difficulty managing. Managers/staff indicated that increased education and increased staffing, improved client care and environmental changes (e.g. quiet/safe areas for clients to wander without
restrictions) would help them work more effectively with clients who have behavior problems related to a dementia and/or mental illness.

Managers/staff accessed Continuing Care Counselors and the Rosehaven Provincial Program most frequently for support in dealing with clients with dementia and/or mental illness. They also accessed Seniors Outreach Nurses, Home Care Nurses and the Acute Care of the Elderly (ACE) Team for support.

**Conclusion**

It is apparent that there are different needs associated with caring for clients with dementia versus caring for clients with mental illness. The managers/staff within Continuing Care facilities appear to experience greater difficulty in dealing with clients with mental illness. Education and mental health support delivered to Continuing Care managers/staff must take this into consideration. Education specific to approaches/strategies used to effectively manage challenging behaviors (e.g. physical aggression and psychiatric symptoms such as delusions/hallucinations) is also required.

To work more effectively with clients who have a dementia and/or mental illness, managers/staff recommended the need to increase staffing, improve client care, provide more education for staff and address environmental needs.

**Implications for Policy or Practice**

Results from this project have implications for policy and practice development. Collaboration between A&MH and Seniors Health is required to address policy and standard development related to:

- Specialized education for Continuing Care staff (managers/staff) that focuses on dementia and mental illness, with particular attention to mental illness, related to the following areas:
  - Signs and symptoms of illness
  - Skills and knowledge required to provide care to clients
  - Management of challenging behaviors (e.g. physical aggression) and psychiatric symptoms

- Management of environmental factors within Continuing Care facilities to promote safety and security for clients and staff

- Review of care procedures/practices to address issues related to the level of supervision and the amount of time required to provide care to clients with a dementia and/or mental illness

- Discussions between Seniors Health, Continuing Care Managers and the SMHP to address the identified need of “limited access to psychiatric/mental health supports”

**Directions for Further Research**

Suggested research/evaluation projects in this area include the exploration of:

- Models for providing effective continuous education related to dementia and mental illness for staff at Continuing Care facilities (e.g. classroom vs. on-line training)

- Research investigating the current education/training practices used at other/similar facilities across North America in relation to dementia and mental illness

- Current best practices and standards of care for dementia and mental illness

- Review of staffing models for providing services to individuals with complex dementia and/or mental illness

**Knowledge Dissemination and Translation Activities**

- A copy of this research project will be sent to all stakeholders involved with this initiative for discussion and follow-up

- Meetings will be organized between Continuing Care and SMHP to begin dialogue on addressing practice issues
Presentation at conferences and submission for journal articles will be considered

**Principal Applicant (Team Leader)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position Title</th>
<th>Topics of interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terry Zibin</td>
<td>Care Manager, Transition Housing &amp; Recovery</td>
<td>Supportive housing for persons with a mental illness, psychosocial rehabilitation, choice and recovery</td>
</tr>
</tbody>
</table>

**Project Partners (Team Members)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position Title</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shauna Prouten</td>
<td>Unit Manager, SMHP, CCMHBI</td>
<td>Project Chair – planning, implementation</td>
</tr>
<tr>
<td>Roy Koshy</td>
<td>Director, Community Services, City of Red Deer, Seniors Health</td>
<td>Project Partner – consultation, planning</td>
</tr>
<tr>
<td>Dr. D Danyluk</td>
<td>Zone Clinical Section Chief, SMHP, CCMHBI</td>
<td>Project Partner – consultation, planning</td>
</tr>
<tr>
<td>Marilyn Nakonechny</td>
<td>Program Manager, SMHP, CCMHBI</td>
<td>Team member – planning, implementation</td>
</tr>
<tr>
<td>Melanie Baxandall</td>
<td>Unit Manager, SMHP, CCMHBI</td>
<td>Team member – planning, implementation</td>
</tr>
<tr>
<td>Jean Anne Nichols</td>
<td>Clinical Information Resource, Cross Level Services – Central Zone</td>
<td>Team member – planning, data collation, analysis</td>
</tr>
<tr>
<td>Neels Ehlers</td>
<td>Clinical Information Resource, Cross Level Services – Central Zone</td>
<td>Team member – planning, data collation, analysis</td>
</tr>
</tbody>
</table>

**Publications and Presentations**

- CCMHBI Program Management Committee, March 20, 2012: Oral presentation

**About the Alberta Addiction and Mental Health Research Partnership Program**

The *Alberta Addiction and Mental Health Research Partnership Program* is comprised of a broad-based multi-sectoral group, representing service providers, academic researchers, policy-makers and consumer groups, working together to improve the coordination and implementation of practice-based addiction and mental health research in Alberta.

The mission of the Research Partnership Program is to improve addiction and mental health outcomes for Albertans along identified research priority themes, by generating evidence and expediting its transfer into addiction and mental health promotion, prevention of mental illness, and innovative service delivery.

The Research Partnership Program sets out to increase Alberta’s excellence and output of addiction and mental health research findings, and to better translate these findings into practice improvements.
References


Zibin, T. & Hodgson, S. *Housing Needs Assessment* Addiction and Mental Health-Central Zone (June 2009). Not published.
APPENDIX 1

The Centennial Center for Mental Health and Brain Injury
Seniors Mental Health Program

Staff Questionnaire

The purpose of this questionnaire is to get feedback on your experience of caring for people who have a mental illness or dementia. The information will be used to help make decisions about the care they need.

We would like to let you know:

- Completing this questionnaire is voluntary – you are not required to complete it.
- Completing the questionnaire means you are agreeing to take part in this project.
- Completing the questionnaire will not affect your job in any way.
- Your answers are anonymous and your privacy is protected – **do not put your name on the questionnaire.**
- The only people who will see your completed questionnaire are the project team members, with the main person from this team seeing your answers being the project team member who puts your responses into a computer data base. No one else will see your questionnaire.
- Completed questionnaires will be kept in a locked cabinet in a locked area in the Seniors Mental Health Program at The Centennial Center for Mental Health and Brain Injury. Computer files will be kept on a secure service that is password protected. Questionnaires must be kept for 7 years. Both the questionnaires and computer files will be retained and destroyed as outlined in the AHS Records Retention Schedule.

If you have any questions about the questionnaire, please call Marilyn Nakonechny, Program Manager, Seniors Mental Health Program, #403-783-7642.
1. Position: □ Management □ Nurse □ LPN □ Health Care Aide □ Other (please specify)__________________________

2. Please rate the following questions, based on your personal feelings and opinions using the scale provided, for both clients with a dementia and/or mental illness (Circle the number that best applies):

Please note: **Dementia**: Refers to clients who have a diagnosis of Alzheimer’s, Vascular Dementia or other type of dementia.  
**Mental Illness**: Refers to clients who have a diagnosis of Depression, Bipolar or Anxiety Disorder, or Schizophrenia or other psychiatric illness.

<table>
<thead>
<tr>
<th></th>
<th>Type of Client</th>
<th>Disagree</th>
<th>Somewhat Disagree</th>
<th>Neutral</th>
<th>Somewhat Agree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel confident working with these clients</td>
<td>Dementia</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Mental Illness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I have past experience working with these clients</td>
<td>Dementia</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Mental Illness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I feel I know the symptoms and behaviors associated with these illnesses</td>
<td>Dementia</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td></td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I feel I have the right skills and knowledge to work with these clients</td>
<td>Dementia</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Mental Illness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I can get the help I need to work with these clients</td>
<td>Dementia</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Mental Illness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I feel my facility (staff and management) does a good job caring for these clients</td>
<td>Dementia</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Mental Illness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I feel these clients should be managed in a more specialized unit/facility</td>
<td>Dementia</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Mental Illness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

3. What factors present the greatest barriers in your care facility to being able to meet the needs of these clients (check all that apply):

□ Length of time required to provide care for these clients
□ Disruption to care for other clients and to daily routines
□ Inability to provide the level of supervision these clients need
□ Limited access to psychiatric/mental health support
□ Lack of staff skill/expertise to deal with these clients
□ Physical layout of facility does not allow for safe supervision of clients
□ Other (please specify): ____________________________________________________________
4. Please rate the ability of **your care facility (staff and managers)** to manage the following behaviors. (Circle the number that best applies):

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Very Poor</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Aggression – striking out, kicking, physical threats, etc.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Verbal Aggression – abusive language, verbal threats, etc.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Anxiousness – pacing, wandering, restless, etc.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Resistiveness to care provided – to daily care or to redirection, etc.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Vocally Disruptive – repetitive non-productive words or phrases, moaning</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Socially Inappropriate Behavior – voiding in inappropriate places, disrobing, spitting, etc.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Sexual Disinhibition – verbal or physical sexual advances, sexual intercourse, masturbation in public</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Exit-seeking / Elopement – actively trying exit doors, windows, etc.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Hoarding &amp; Rummaging – going through or accumulating items, etc.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Shadowing – clinging to others, unwilling to be left alone, etc.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Safety-related issues – unsafe smoking, ingesting nonfood items, etc.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Care Issues – night time wakefulness requiring intervention, frequent PRNs, restraint use, etc.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Psychiatric Features – hallucinations, delusions, depression, bipolar illness, etc.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

5. Please list any other behaviors not listed that your care facility (staff and managers) has difficulty managing:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
6. Please indicate which of the following strategies your care facility currently uses to deal with and/or manage behaviors:
   - Development of a care/treatment plan to address behaviors
   - Referral to physician for assessment or medication review
   - Use of items such as Broda chairs, lap belts, lap trays, etc. If yes, please indicate what items you are using________________
   - Other (please specify)_________________________________________________________

7. Please comment on what you feel would help you to work more effectively with clients who have behaviors related to a dementia or mental illness:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

8. What resources does your care facility currently have available, or access to, if you have questions regarding clients with dementia or mental health issues?
   - Continuing Care Counselor
   - Acute Care of the Elderly Team (ACE)
   - Seniors Outreach Nurse
   - Rosehaven Provincial Program
   - Home Care Nurse
   - Other (please specify):____________________

9. Please list any recommendations you have that you feel would help you work more effectively with clients who have a dementia, mental illness, or display difficult to manage behaviors.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Thank you for completing this questionnaire.
Please return using the self-addressed, stamped envelope enclosed.
APPENDIX 2

Facility Manager Questionnaire

To: Facility Manager or Designate

Thank you for completing the following questions. The information you provide will assist us in gaining a better understanding of your facility and difficulties you may have in providing services to clients having a dementia or mental illness.

If you have any questions about the questionnaire, please call Marilyn Nakonechny, Program Manager, Seniors Mental Health Program, #403 783-7642.

1. Name of your facility__________________________________________________________

2. Designation of facility (please check all that apply)
   □ DSL 3   □ DSL 4   □ LTC
   □ Other (please specify)________________________________________________________

3. Have you referred any clients from your facility assessment to the Seniors Mental Health Program for inpatient treatment and assessment?
   □ Yes   □ No   □ Unsure

4. Has any client from your facility been treated as an inpatient at the Seniors Mental Health Program?
   □ Yes   □ No   □ Unsure

5. Type of security used in your facility:
   □ None   □ Wanderguard   □ Coded / Key Punch Door
   □ Environmental Design (please describe)____________________________________________
   □ Other (please specify)________________________________________________________________

6. Number of beds/rooms in your facility that are:
   Private Rooms_________________   Shared Rooms_________________
   Other (please specify)______________________________________________________________

7. Number of clients living in your facility____________________________________________
8. Please list type and number of staff at your facility

<table>
<thead>
<tr>
<th>Type of staff</th>
<th>Number of staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td></td>
</tr>
<tr>
<td>LPNs</td>
<td></td>
</tr>
<tr>
<td>Aides</td>
<td></td>
</tr>
<tr>
<td>Recreation Therapist</td>
<td></td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td></td>
</tr>
<tr>
<td>Other (Please List)</td>
<td></td>
</tr>
</tbody>
</table>

9. What is your average staffing ratio (staff to client) on the following shifts:
   Days_________________ Evenings_________________ Nights_________________

10. Does your facility currently use any of the following type of restraints?

<table>
<thead>
<tr>
<th>Restraint belts on chairs, toilet or commodes</th>
<th>Yes</th>
<th>No</th>
<th>If yes, for what reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair table restraint</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T-belt restraint</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand/arm board</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot/hand restraint</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand control mitt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soft ties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Side rails</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jumpsuits</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Please indicate any other comments you wish to make:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Thank you for completing this questionnaire. Please return using the self-addressed stamped envelope.