

Abstracts from the 2024 Annual Scientific Meeting of the Canadian Academy of Geriatric Psychiatry and Canadian Coalition for Seniors' Mental Health

Enhancing System Capacity to Support Geriatric Mental Health; September 27–28, 2024; Vancouver, British Columbia

<https://doi.org/10.5770/cgj.28.832>

Psychogeriatric Outreach: Adapting Intensive Outreach to Better Service an Aging Population with Severe Mental Illness

Claire Stanley, Michael Tau, Katherine Edmond, John Mailhot, Maggie Hulbert, Ari Cuperfain, Andrew Namasivayam, Grace Kuang, Joseph O'Rourke, Susan Wang, Daniel Elder, Andrew Pinto, Vicky Stergiopoulos, Sarah Colman.

Symposia Summary

Older adults living with severe mental illness (SMI) represent a complex population due to comorbid acute and chronic medical conditions, cognitive impairment, decreased social supports and reduced financial resources. Although there has been a shift towards developing community-based care in psychiatry, current models of care, such as adult assertive community treatment (ACT), have identified challenges in caring for older adults. Some of the key identified challenges included more physical health needs and difficulties providing geriatric-specific resources. As such, there has been increasing focus on developing multidisciplinary community outreach for older adults.

We will begin by presenting the results of our scoping review aimed at mapping peer reviewed literature of intensive outreach services available for older adults living with SMI. The discussion will focus on describing models of care identified, key findings and areas for further study. This will be followed by a discussion of lessons learned from four years of practice with a novel psychogeriatric ACT team in Toronto.

Next, we describe a novel psychogeriatric intensive case management team that provides support to homeless older adults experiencing mental illness. We will present descriptive data from a chart review conducted on this team's unique client base.

Finally, we will end with a case-based discussion regarding complex biopsychosocial presentations common in this population. We will share common challenges and lessons learned from the perspective of community-based teams servicing older adults with SMI.

Exploring the Landscape of Intensive Outreach Services for Older Adults with Severe Mental Illness

Claire Stanley, Vicky Stergiopoulos, Andrew Namasivayam, Sarah Colman.

Background: Older adults living with severe mental illness (SMI) represent a vulnerable and complex patient population. Deinstitutionalization laid the groundwork for intensive outreach services designed for those with SMI, yet these programs have largely focused on adults. While reviews to date have examined community-based outreach for older adults with mental illness, none have focused on the SMI population. This presentation will describe the findings of our scoping review, which aimed to map the existing peer-reviewed literature on intensive outreach services for older adults with SMI. These findings will be presented alongside a discussion of barriers and facilitators to developing a novel psychogeriatric assertive community treatment (ACT) team after four years in practice.

Methods: EMBASE, MEDLINE, PsycINFO and CINAHL databases were searched for pertinent literature between 1990 and 2023. Two reviewers independently screened titles, abstracts, and full texts. Data was extracted by one reviewer with independent review from a second author. Sixteen studies were selected for inclusion based on full text review.

Results: Most studies were descriptive (N = 8). There were three randomized controlled trials (N= 3) and three quasi-experimental designs (N = 3). The majority of interventions involved multidisciplinary team-based services. Four programs included medical specialists. There was a wide range of allied health supports. Six programs were specifically adapted from the ACT model.

Conclusions: Discussion will focus on describing the various models of care as revealed from our scoping review. We will further discuss lessons learned from four years of practice with a novel psychogeriatric ACT team in Toronto.

Building Capacity with a Unique Psychogeriatric Outreach Team Supporting Homeless Older Adults

Katherine Edmond, John Mailhot, Grace Kuang, Maggie Hulbert, Ari Cuperfain, John O'Rourke, Susan Wang, Daniel Elder, Andrew Pinto, Michael Tau.

Background: The homeless population in Toronto is aging, and there is a scarcity of service options for older homeless adults, particularly those with serious psychiatric illnesses. A novel psychogeriatric intensive case management team was formed in 2022 with the goal of addressing these service gaps.

Methods: Part of the program evaluation for this intensive case management program, is a mixed methods evaluation comprising of surveys, interviews, chart reviews and health care administrative sources. Descriptive statistical analysis was performed to summarize patient demographics, housing status, and service engagement.

Results: Clients (n=7) received over ten mental health diagnoses and had over 30 different medical comorbidities. At the time of admission, five clients lived alone, one lived in shelter, and one lived in a group home. Upon discharge, three clients lived in LTC, one was NFA, one had passed away and one was lost to follow up. Mean enrolment time was 240 days, with an average of 10 days from referral to first contact. Referrals mainly came from St. Michael Hospital in-patient units.

Conclusions: Dedicated services for homeless older adults with psychiatric and medical complexity are needed. This interim chart review has helped characterize our patient population as part of a comprehensive evaluation to demonstrate the impact, acceptability, and potential for scale-up of this unique program. Additional analysis is ongoing.

Canadian Guidelines for the Assessment and Treatment of Anxiety in Older Adults

Andrea Iaboni, Anthony Yeung, Sébastien Grenier, Sarah Burke-Dimitrova, Patricia Carson, Titus Chan, Alastair Flint, Amy Gough, Zahra Goodarzi, Heli Juola, Sarah Neil-Sztramko, Kristin Reynolds, Shanna Trenaman, Michael Van Ameringen, Eria Weir, Carly Whitmore.

Background: Anxiety is not a normal part of aging, and misconceptions about anxiety in older adults lead to it being under recognized and undertreated. Anxiety in older adults is a treatable mental health condition and there are evidence-based interventions. To address the need for up-to-date and comprehensive information on the assessment, treatment, and prevention of anxiety in older adults, the Canadian Coalition for Seniors Mental Health (CCSMH) has produced new guidelines and tools that establish best practices.

Methods: The guideline development followed a rigorous process set out by the Guidelines International Network (GIN)-McMaster Guideline Development checklist, including systematic reviews and meta-analyses across priority areas,

with certainty of evidence evaluated using the GRADE methodology, and Evidence-to-Decision Frameworks used to consolidate evidence on the interventions to establish the recommendations.

Results: The guideline contains a total of 32 recommendations across case-finding, assessment, and treatment. This session will provide an overview of the guidelines, with a focus on the treatment recommendations including non-pharmacological (CBT, Mindfulness, Exercise) and pharmacological interventions (antidepressants, buspirone, benzodiazepines, antipsychotics and gabapentinoids). The learning will be case-based and also include sharing of knowledge translation tools and other resources to support care.

Conclusions: This session is an excellent opportunity to learn about the new guidelines and how you can apply best practices for the assessment and treatment of anxiety in older adults.

Drug Substitution as a Potential Unintended Consequence of Antipsychotic Deprescribing in LTC: A Retrospective Cohort Study in Ontario

Julia Kirkham, Dan Harris, Nguyen Paul, Susan Bronskill, Colleen Maxwell, Andrea Iaboni, Mohammad Chowdhury, Dallas Seitz.

Background: The overuse of antipsychotics in persons with dementia in long-term care (LTC) has been a source of clinical concern, public attention, and policy intervention for over 30 years. Targeted quality improvement initiatives and broader awareness of risks have resulted in substantial reductions in antipsychotic use in LTC settings. However, reductions in antipsychotic use may be resulting in unintended consequences, such as substitution with alternate, but similarly harmful, medications.

Methods: We used a retrospective, matched cohort study design using linked population-based healthcare databases. LTC residents >65 years old with dementia who were prescribed an inappropriate antipsychotic medication with at least 6-months of continuous use were identified over a 10-year period (2008-18). Antipsychotic users who subsequently discontinued an antipsychotic medication were matched 1:1 to persistent users on key variables and followed for 6-months following antipsychotic discontinuation for new prescriptions of a psychotropic medication.

Results: Among 26,092 LTC residents with dementia who were prescribed an inappropriate antipsychotic medication, 5,854 (22%) discontinued during the follow-up period. After adjusting for key variables, new psychotropic medication prescription was not more common among antipsychotic discontinuers in the 6-months following antipsychotic discontinuation compared to those who continued an antipsychotic medication (hazard ratio (HR) 0.90; 95% CI, 0.70-1.15). Mortality was similar between the two groups (HR 1.01; 95% CI 0.90-1.15) at up to one year following antipsychotic discontinuation.

Conclusions: Antipsychotic discontinuation in this study was not associated with medication substitution or mortality. This supports other studies indicating that antipsychotic discontinuation in dementia can be safe, though may not have benefit for mortality.

Validation of the Revised Anticholinergic Drug Scale: Relationship with Cultured Cell-based Serum Anticholinergic Activity and Cognitive Measures in Older Adults

Susmita Chandramouleeshwaran, Ryan Carnahan, Naba Ahsan, Jose Nobrega, Roger Raymond, Sanjeev Kumar, Wei Wang, Alastair Flint, Krista Lanctot, Linda Mah, Nathan Herrmann, Benoit Mulsant, Corinne Fischer, Tarek Rajji, Bruce Pollock.

Background: The Anticholinergic Drug Scale (ADS) is a commonly used measure of anticholinergic exposure. We describe an expanded and revised version of the ADS (ADSr) and its relationship with cultured cell-based serum anticholinergic assay (cSAA) and cognitive measures.

Methods: We carried out a cross-sectional study of adults aged 60 years and older with mild cognitive impairment (MCI), remitted major depressive disorder (rMDD), or both, participating in the Prevention of Alzheimer's Dementia with Cognitive Remediation plus Transcranial Direct Current Stimulation (PACT-MD) study. ADSr total scores were calculated as sums of ratings of all drugs taken by participants at baseline and cSAA was measured in serum. Cognitive measures included executive function, language, processing speed, verbal and visuospatial memory, working memory, and an overall composite. The relationship of ADSr total scores with cSAA was examined using Spearman correlation and linear regression, and its relationship with cognition was explored in multivariable linear regression.

Results: The ADSr includes over 1100 drugs and includes revised ratings for 40 drugs. The sample included 310 participants with a mean age of 72 (SD 6) years; 62% were women and 71.6% had MCI. Total ADSr scores were weakly but positively and significantly associated with cSAA (Spearman's rho 0.174, $p=0.0021$). The results did not support strong or consistent relationships of ADSr measures with cognition.

Conclusions: The ADSr is an expanded and updated rating scale to support classification and measurement of anticholinergic activity of medications. It was significantly though weakly associated with measures of serum anticholinergic activity but had few associations with cognition in this sample.

Literature Review: Sexuality in Dementia

Kerstina Boctor, Shabbir Amanullah.

Background: Dementia, including Alzheimer's disease, vascular and frontotemporal dementia, disrupts sexual function

and behavior through neurodegenerative processes affecting brain regions responsible for arousal and inhibition. Managing sexual intimacy and disinhibition in dementia, particularly in LTC settings, lack clear guidelines, leading clinicians to manage cases discretionarily. This abstract aims to highlight assessment and treatment modalities of sexual intimacy and disinhibition in dementia to inform clinical decision-making and improve patient care.

Methods: A literature review was conducted using databases such as PubMed, JSTOR, Scopus, Directory of Open Access Journals (DOAJ), and the University of Toronto library. Articles and guidelines from 2000 to 2024 were searched using terms like "sexual disinhibition," "dementia," and "cognitive impairment." Special emphasis was placed on meta-analyses, systematic reviews, and randomized controlled studies.

Results: 58 articles were identified, covering clinical standards, assessment practices, and case studies for managing sexual consent & capacity in individuals with cognitive impairment. Determining sexual consent included functional and cognitive capacity assessments, person-centered care, team-based meetings, and objective tools such as the Lichtenberg scale. Management strategies encompassed family involvement, advanced directives, and pharmacotherapies including SSRI/SNRI, antipsychotics, GnRH analogues, amongst others. Benzodiazepines exacerbated sexual disinhibition.

Conclusions: Decision-making regarding sexual intimacy in dementia should adhere to the Mental Health Capacity Act's pillars, prioritizing capacity, support for decision-making, and a holistic approach considering functional and cognitive abilities, including cultural and spiritual factors. Treatment of sexual disinhibition may involve a combination of pharmacological and behavioral interventions, necessitating a more strategic guideline to assist LTC and geriatric institutions in addressing individual needs.

A Well-Being Approach to Distress for People Living with Dementia

Aysha Basharat, G. Allen Power, Alison Kernaghan, Melissa Koch, Sophiya Benjamin.

Background: Evidence and guidelines for the treatment of behavioral and psychological symptoms in dementia recommend non-pharmacological treatments over medications. However, implementation of the former continues to be a challenge in clinical practice. We present a novel way of approaching distress that uses a proactive, strengths-based process to support essential aspects of well-being and highlight early successes and insights into the first ever prospective evaluation of this approach, led by the Schlegel-UW Research Institute for Aging.

Methods: The Well-being Approach to Distress was launched as a quality improvement project in a long term care home in Ontario in August 2023. Team members participated in

a train-the-trainer session focused on using a huddle-based format. Baseline and post-implementation data was gathered on key performance indicators including residents' quality of life, antipsychotic use in residents, and team members' attitudes towards dementia, prior to and following implementation of this approach through surveys (n = 24), interviews (n = 14), focus groups (2), and RAI-MDS 2.0.

Results: Preliminary results suggest a positive uptake of the intervention from care providers, improved communication between team members and residents, slight reductions in negative attitudes towards dementia, improvement in professional efficacy, improvements in residents' mood and well-being, and a reduction in antipsychotic medication use.

Conclusions: The approach offers a promising strategy to improve the well-being of people living with dementia by reducing distress and enhancing their quality of life. Additionally, this strategy may reduce burnout and help team members communicate more effectively with one another as well as with residents.

Building Capacity for Older Adult Mental Health in Home and Community: Co-designing Mental Health Conversations with Health and Social Care Providers Across Canada

Justine Giosa, Elizabeth Kalles, Paul Holyoke, Nelly D Oelke, Katie Aubrecht, Olinda Habib Perez, Tatianna Beresford, Adriane Peak, Carrie McAiney.

Background: The Canadian healthcare system puts most emphasis on older adults' physical needs leading to missed opportunities for mental health support, care, and treatment. Community-based health and social care providers develop trusting relationships with clients, giving unique insights into their life experiences. Equipping providers with evidence-based resources and training to engage clients in non-diagnostic conversations about mental health can increase system capacity to better meet older adults' needs. This multi-year study involves co-designing and testing an evidence-based approach to these conversations in Canadian home and community settings.

Methods: This 3-phase study applies a participatory, mixed-methods design. Phase 1 engaged older adults, caregivers, and community care providers in online workshops and a survey (n=1127) to adapt the Mental Health Continuum model. Phase 2 included seven co-design workshops across three Canadian provinces with 15 partner organizations, where providers (n=84) co-created tools and approaches for applying the adapted model. Phase 3 will pilot/feasibility test the co-designed conversations.

Results: In Phase 1, the adapted Mental Health Continuum for Aging Canadians (MHCAC) was validated for use with community-dwelling older adults; results were presented at CAGP-CCSMH 2023. Phase 2 findings include: 1) A conversation process map guiding care providers when conducting

personalized mental health conversations with clients; 2) A toolkit of MHCAC design blueprints (e.g., physical, digital, allegorical); and 3) An implementation framework.

Conclusions: Health and social care providers in community care settings can be equipped with evidence-based resources and training to increase integration and system-capacity for addressing aging Canadians' mental health needs.

National ECHO Geriatric Mental Health: Improving Mental Health Care for Older Adults

Meaghan S. Adams, Lisa Guttman Sokoloff, Claire Checkland, Devin J Sodums, Anna T Santiago, Sid Feldman, Dallas Seitz, Vivian Ewa, Cindy Grief, Ian MacKay, David K Conn.

Background: Project Extension for Community Healthcare Outcomes (ECHO) enables healthcare providers to share knowledge and best practices via telementoring. The ECHO model builds provider capacity and improves care for patients with a variety of health conditions. This study describes a Canada-wide National ECHO pilot project in the area of geriatric mental health and reports on the program's impact on providers' care practices.

Methods: A mixed-method approach was used to analyze surveys completed by participating healthcare providers. Program evaluation measured satisfaction, achievement of learning objectives, awareness of issues related to geriatric mental health, and comfort and self-efficacy working with older adults.

Results: The program led to a statistically significant increase in participants' awareness of issues related to support for older adults with mental illness and comfort and self-efficacy in managing these patients in their own practice.

Conclusions: The National ECHO pilot project was successful in building healthcare providers' capacity to care for older adults with mental health issues and in positively impacting their practice. These findings support using the ECHO model to provide ongoing geriatric mental health education for clinicians from across Canada and beyond.

Applying the CCSMH Clinical Practice Guidelines for Assessing and Managing Behavioural and Psychological Symptoms of Dementia in Clinical Practice

Dallas Seitz, Jennifer Watt, Stacey Hatch.

Background: Behavioural and psychological symptoms of dementia (BPSD) affect over 90% of people living with dementia (PLWD), can cause severe distress to PLWD and their care providers, and may be challenging for clinicians to manage. The Canadian Coalition for Seniors' Mental Health (CCSMH) published clinical practice guideline on the assessment and management of BPSD and this workshop with focus on knowledge mobilization and implementation

considerations related to the BPSD guidelines through case-based discussions.

Methods: An overview of the CCSMH BPSD guidelines will be presented including key points from the 11 Good Practice Statements and 63 recommendations reached consensus included in the guideline. These included recommendations on general principles of BPSD assessment and management, BPSD diagnosis, detection, and pharmacological and non-pharmacological management of BPSD syndromes. The following topic areas general principles of for assessing and managing BPSD and recommendations related to assessing and managing key BPSD syndromes including: agitation, psychosis, anxiety, sexual expressions with associated risk, and deprescribing

Results: Interactive case-studies will be presented and to help workshop participants to apply knowledge from the BPSD guidelines in the assessment and management of BPSD. Participants will learn about evidence-based resources to support implementation of the BPSD guidelines in clinical practice and discuss opportunities to facilitate uptake and implementation of the guidelines in their clinical settings.

Conclusions: The CCSMH Canadian Guidelines for Assessing and Managing BPSD provides an evidence-base for best practices and the knowledge translation strategies provided in this workshop will facilitate uptake of the guidelines in clinical settings.

The BSO-DOS[®]: Opportunities for Enhancements

Debbie Hewitt Colborne, Andrea Iaboni,
Lori Schindel Martin.

Background: The Dementia Observation System (DOS) is the most commonly used behavioural tool across Canadian long-term care homes, and the main direct observation assessment available for assessing the frequency, duration, patterns and context of responsive behaviours. An interdisciplinary working group developed and released a standardized version in 2019: the Behavioural Supports Ontario-Dementia Observation System (BSO-DOS[®]). To ensure that the tool remains person-centred, feasible, accessible and clinically valuable, the BSO-DOS[®] undergoes a process of review and revision every 4-6 years. In this workshop, we will present the results of our recent review and present a revised BSO-DOS[®] for feedback from participants.

Methods: A quality improvement project (QIP) to review and revise the BSO-DOS[®] was undertaken, including a literature review, feedback surveys for users of the BSO-DOS[®] (both paper and electronic), and specialty group consultation.

Results: 248 health care professionals and leaders responded to the feedback survey. Respondents confirmed usefulness of the BSO-DOS[®] (86% rating the tool somewhat or very useful within a 5 point Likert scale) with 87% using the results of the tool to make care planning and/or treatment decisions. The

survey and consultations also revealed ways to enhance the tool. Revisions were made to the BSO-DOS[®] to address the feedback, resulting in an updated tool ready for further input.

Conclusions: The BSO-DOS[®] QIP has demonstrated that this is an important and impactful tool for assessment of responsive behaviours, as well as the value of collaborative, inter-disciplinary quality improvement efforts.

Mental Health and Substance Use Issues Among Home Care Clients: Implications for Service Provision

Don Fuchs, Lori Mitchell, Hai Luo, Jacqueline Lemaire.

Background: Canadian research identifies a growing segment of older adults with mental health and/or substance use (MH/SU) conditions. This has implications for home care programs, which typically serve older adults but were not established for MH/SU concerns. This project determines the nature and prevalence of mental health and substance use among home care clients in Manitoba and examines the impact on provision of service to this population.

Methods: Ten years of data from the Winnipeg Regional Health Authority's (WRHA) public home care program were used. Clients' clinical and service data were reviewed retrospectively for prevalence of mental health and substance use and clinical and service characteristics of MH/SU clients. Interviews and focus groups were conducted with a cross section of WRHA Home Care staff and external service partners to explore the current context and implications for supporting MH/SU clients.

Results: Analyses found MH/SU conditions in home care have increased over time, to a current prevalence in one-third of clients. SU/MI clients are younger in age and present significant differences in clinical status and care considerations. Interviews identified the need for specific staff training, enhanced recruitment and retentions strategies, attention to staff safety and development of networks of collateral community base support resources for adults with MH/SU issues to address the growth and complexity of needs found in SU/MI clients.

Conclusions: MH/SU conditions are important clinical considerations in home care, with some service challenges. Our results have transferability for policy makers and service providers to address MH/SU needs in communities and enhance client care.

Managing Sexual Expressions of Potential Risk in Adults with Major Neurocognitive Disorders: A Rapid Review of Pharmacologic and Non-Pharmacologic Strategies

Natasha Lane.

Background: Sexual expressions of potential risk – such as sexual touching and sexual exposure – occur in up to 25% of people with major neurocognitive disorder. Our rapid review

examines the effectiveness of pharmacologic and non-pharmacologic interventions to manage sexual expressions of potential risk in older adults with major neurocognitive disorders.

Methods: We searched MEDLINE, APA PsychInfo, Embase, JBI EBP Database, Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews and Ageline databases, with no limits on study date or language, from inception until September 19, 2023. All study designs were eligible for inclusion if they examined adults with major neurocognitive disorder and inappropriate sexual expression who were subject to pharmacologic or non-pharmacologic intervention, with changes in sexual expression post-intervention reported. Two reviewers independently completed all study screening, data abstraction and risk of bias assessments.

Results: We identified 1,445 unique citations, reviewed 163 in full text, and included 78 in the narrative synthesis, of which 63 were case studies and 12 were case series. Most studies were at high risk of bias. Hormonal treatments, including estrogens, progestins, and anti-androgens, led to improvement or resolution of inappropriate sexual expression more frequently than antipsychotics, antidepressants, or anticonvulsants. Effective non-pharmacologic strategies included distraction, patient and family education and environmental modifications.

Conclusions: No high-quality evidence was identified to guide the management of sexual expressions of potential risk in adults with major neurocognitive disorders. Randomized trials studying the effectiveness, safety and implementation of pharmacologic and non-pharmacologic interventions are needed to guide practice in this area.

From Geriatric Psychiatry Outreach to Supporting a Seniors Mental Health Network in South East Toronto

Mark Lachmann.

Background: East Toronto is a diverse population with a high proportion of frail seniors. Over the past 15 years we have developed an integrated approach for geriatric psychiatry to support seniors, primary care, community social and mental health agencies, and housing. Our approach takes a capacity building stance with three pillars of engagement: 1) a collaborative geriatric psychiatry home visiting consult service embedded with a large community social service provider (Woodgreen) 2) virtual monthly seniors mental health rounds with primary care providers and community agencies 3) virtual seniors mental health support to Toronto Seniors Housing Corporation. Building active relationships over a fifteen year period within East Toronto has enabled a network of care supporting seniors to access housing support, primary care, community agencies, and geriatric psychiatry.

Methods: This is a mixed methods study, with both participant-observation; as well as stake holder qualitative and quantitative surveys completed over 2023 and 2024.

Results: Our networked approach to seniors care has enabled the transition of unconnected frail seniors into primary care, prevented eviction, enabled access to specialized geriatric services, supported a high risk population of frail home bound seniors, supported primary care both in availability for case discussions and access to consultation for complex patients, supported longitudinal relationship with community social service and mental health agencies, and provided ongoing seniors mental health capacity building through case based learning in community based rounds.

Conclusions: Explicitly building a system of mutually supporting seniors' mental health care relationships enables the delivery of effective care to a frail seniors population.

Connecting the Dots on Aging, Complex Health Needs and Precarious Housing: Exploring 3 Current Innovations in Canada

Lara Nixon, Kirsten Rea, Theresa Conroy, Karen Whiteman, Lisa Diamond, Clare Fletcher.

Symposia Summary

Concurrent mental and physical ill-health, substance use, frailty, and social exclusion contribute to escalating housing precarity and homelessness in older Canadians. Although older adults fall through the cracks in current health, social, and housing systems, promising, evidence-based innovations do exist. This symposium presents 3 innovative models of care in shelter, supportive housing, and long term care, which promote equity for older people experiencing structural vulnerability and complex health needs.

Reducing Harm with Older People Who Use Drugs: A New Model of Long-term Care

Background: As the toxic drug crisis enters its ninth year in BC, rates of mortality and morbidity among people who use drugs (PWUD) continue to escalate. Of particular concern is the lack of evidence-based programs and services for older PWUD, especially for those needing assisted living and long-term care (LTC). Access to this level of care is often fraught with barriers for people with complex substance use and mental health issues, as LTC services and staffing traditionally focus primarily on frail seniors. In 2019, with funding from the BC Ministry of Health, Island Health sought to address the needs of this underserved population within a framework of harm reduction, trauma-informed care, cultural humility and person-centred care.

Methods: We report on a quality improvement project protocol to implement a LTC-based unit providing services typically only available in community-based programs and services. We also describe process evaluation and program monitoring plans and early results, which assess utilization patterns of the unit, acceptability to residents and staff, and health and social outcomes.

Results: Believed to be among the first in Canada, implemented services include prescribed safe supply, individualized managed alcohol, harm reduction, access to on-site Addiction and Psychiatry specialty care, and peer support through Mental Health and Substance Use outreach teams. The unit's care staff also received mental health and substance use education.

Conclusions: This initiative will address substantial knowledge gaps in the service landscape for older PWUD and are expected to benefit from harm reduction and alternative models of care in LTC.

Specialized Shelter Services in Calgary: Responding to Escalating Elder Abuse

Background: Approximately 1 in 6 people aged 60 or older, experience some form of abuse in community settings annually, many with serious physical and long-term psychological consequences. Rates are rising and expected to continue, with population aging. Intersecting forces contribute to elder abuse risk including (but not limited to) physical and mental ill-health; social isolation; prior abuse or trauma; and caregiver stress, poverty, and substance dependence. Canada's shelter system is ill-prepared to respond to the unique needs of older people experiencing abuse. The Kerby Elder Abuse Shelter offers specialized shelter and elder abuse services in Calgary.

Methods: (1) Elder Abuse Resource Line: 24/7 help line for seniors experiencing elder abuse, those seeking information about elder abuse and/or people requesting shelter from abuse. (2) Elder Abuse Shelter: purpose-built in 1999, 14 private beds, common area and full kitchen. Staffed 24/7 providing safety planning, legal and medical referrals, assistance with daily living and finding permanent housing, financial literacy, counselling; collaboration with police and community partners.

Results: In 2023, significant increases were noted compared to prior years: (1) Elder Abuse response line: 434 female calls; 201 male calls; 2 other; (2) Shelter: 39 people (27 female, 12 male), average age 66, average length of stay 63 nights, increased from previous years due to lack of appropriate affordable housing; increased departures due to mental health issues (returned to hospital).

Conclusions: Lack of capacity resulted in 106 people being turned away from our shelter. These are people who would otherwise qualify for and expected to benefit from shelter.

Reconnecting Older People with Experiences of Homelessness: Co-design and Evaluation of Therapeutic Recreation Programming in Harm Reduction Supportive Housing

Background: Prolonged social exclusion while homeless, mental and physical ill-health, and substance use threaten stability for older people re-housed in permanent supportive housing (PSH). Therapeutic recreation improves sense of

belonging, feelings of satisfaction and coping skills of younger people who are homeless but older people with experiences of homelessness (OPEH) are under-studied. This study evaluated the impact of co-designing and participating in therapeutic recreation programming for OPEH (>55 years) and their care providers in PSH.

Methods: Participatory action research in PSH (68 beds) with harm reduction programming for older people. Residents, staff and researchers collaborated in developing recreation programming (2019-2022). Data collected: co-design meeting notes; participant demographics; resident quality of life (WHOQOL-Age, EQ-5D, EQ-VAS) at baseline and 18 months, program participation rates, goal-setting behaviours; and qualitative interviews with residents (n=19) and staff (n=20). Informed by theories of social recreation, qualitative data were analyzed thematically, and quantitative data reported descriptively.

Results: A resident advisory team ('The Exchange') guided program development and evaluation over 25 meetings. Program participation was high (90%); residents identified 253 goals. Individual EQ-5D domains worsened but EQ-VAS and WHOQOL-Age scores improved. Residents reported learning new skills and increased sense of connection. Staff described increasing understanding of residents' choices and behaviours.

Conclusions: Co-designing and implementing recreation programming increased community connectivity, creating social and skill-building opportunities. Trust-building and relationship nurturing were central to project success. A relational model of care was foundational to promoting health education, physical and mental wellness activities, substance use awareness and harm reduction, and social re-integration of OPEH in PSH.

Older Adult Insomnia: Multidisciplinary Collaboration on a Systemic Health and Social Care Challenge

Sophiya Benjamin.

Symposia Summary

Insomnia disorder and symptoms are highly prevalent with about one in three older adults reporting insomnia symptoms. While there is an effective, evidence-based treatment, Cognitive Behavioral Therapy for Insomnia (CBTi), few have access to it. Instead, many older adults are prescribed sedative medications that can cause harm, resulting in cognitive impairment, falls and hospitalization. Given the high prevalence and need, this is an important problem to address at a system level. This symposium will consist of three presentations. The first will define the problem recognized within the context of a program that serves older adults in Ontario, with mental and physical health complexity. The second presentation will disseminate work being done to bring together system partners to address this issue and the progress to date. The third presentation will focus on the work done by the CIHR

Sleep Consortium, a national initiative focusing on insomnia and other sleep disorders.

Application of a Learning Health System in Medication Optimization for Older Adults: A Case Study in Insomnia

Sophiya Benjamin, Adam Morrison, Jennifer Tung, Shazia Khokhar, Danielle Yantha, Joanne MW Ho.

Background: Increasing age is consistently associated with increased insomnia symptoms. Older persons self reported the highest rate of prescription sedatives use among all people living in Canada. This was also observed at a program level by GeriMedRisk (GMR), a learning health system comprised of interprofessional experts in medication management in older adults providing consultation and education to clinicians in Ontario and beyond. We characterized the proportion of Ontario referrals received by GMR related to insomnia.

Methods: We used GMR data to identify cases involving insomnia disorder or symptoms, sleep difficulties, or concerns about the management of sedating medications or substances in a de-identified manner. Program level data from GMR was analyzed for reason for referral and drug information sent to clinicians for sedative hypnotics.

Results: Reason for referral was analyzed for April 1, 2022, to March 31, 2023. Insomnia and sedative medications accounted for 14.4% of referrals. Exploratory discussions about the frequency of off-label prescribing of sedating antidepressants like trazodone or antipsychotics like quetiapine raised the possibility that this proportion is an underestimate of actual numbers of prescriptions for sleep related problems.

Conclusions: Insomnia is a frequently encountered problem where the standard of care, Cognitive Behavioral Therapy for Insomnia (CBTi) is not often accessible in the community. Given the proportion of older adults experiencing insomnia related symptoms, the scope of this problem at a population is much bigger than any one organization's capacity to address and requires a larger systems approach to effect meaningful change.

A System Level Response to Insomnia in Older Adults: The Older Adult Insomnia Collaborative

Adam Morrison, Joanne MW Ho, Jennifer Tung, Sophiya Benjamin.

Background: In 2022 and 2023, GeriMedRisk engaged with various partners and content experts about a systems approach to address insomnia in older adults with the objective to decrease sedative hypnotic related harm.

Methods: A two-day in-person summit in January 2024 at the Centre for Social Innovation in Toronto brought together leaders and people with lived experience in this area who worked through a series of guided discussions and exercises to answer questions pertinent to this topic. The participants

included 29 experts from administrative, clinical, lived experience, research, and service delivery perspectives. They engaged in answering questions about the relevance of this issue to older adults in various sectors, potential benefits and barriers to implementation, gaps in the system, and opportunities for improving health outcomes.

Results: As a result of the two-day summit, the Older Adult Insomnia Collaborative was created to focus on older adults living with or at risk of insomnia disorder. Four working groups were identified to advance: capacity building (i.e., in the health and social care workforce); public awareness and advocacy; research; and policy. Guidelines and principles for future work were developed at the in-person meeting and will form the basis for collaborative work going forward.

Conclusions: The Older Adult Insomnia Collaborative was created in 2024 to advance evidence informed treatment of insomnia in older adults and thereby decrease sedative medication related harm. This continues to be an open group that invites collaborations from other partners and supports cross-sectoral health and social care transformation of this far-reaching health need.

Can Older Adults with Insomnia Benefit from Digital Self-help Tools? Preliminary Observations from an Online Cognitive Behavioral Therapy Program

Background: Cognitive-behavioural therapy for insomnia (CBT-I) is the first-line treatment for insomnia, but there are major access barriers. We developed an online CBT-I program for insomnia and anxiety (eCBT+) for older adults and ran randomized controlled pilot trial to assess the usability, acceptability, and efficacy of eCBT+ in older adults with insomnia.

Methods: 92 participants (≥ 65 years) with insomnia symptoms were randomized to eCBT+ for 7 weeks ($n=47$, 35 women) or a waitlist (WL) control group ($n=45$, 34 women). Both groups completed sleep diaries, the Insomnia Severity Index (ISI), and the Geriatric Anxiety Inventory (GAI) before and after the 7-week intervention or WL. Participants completed adaptations of the System Usability Scale (SUS) (scores $>50.9\%$ are considered good) and the Technology Acceptance Model questionnaire.

Results: The eCBT+ platform was deemed user-friendly (SUS = 66.7%). Perceived ease of use, perceived usefulness, and result demonstrability were the main factors contributing to its acceptability. After controlling for age and sex, a significant group*time interaction revealed lower ISI ($F=33.4$, $p<0.001$) and lower GAI scores ($F=22.6$, $p<0.001$) post-intervention in the eCBT+ group compared to the WL group. A greater increase in sleep efficiency was also observed in the eCBT+ group compared to the WL group ($F=11.2$, $p<0.01$).

Conclusions: Our results highlight the usability and acceptability of this eCBT+ program in older adults. We further

demonstrate the efficacy of eCBT+ for reducing insomnia severity and anxiety symptoms. Digital self-help tools hold promise to increase access to sleep care for older adults with insomnia.

Personalized Tablets for Residents in Long-Term Care to Support Recreation And Mitigate Isolation

Andrea Iaboni, Alisa Grigorovich, Serena Dosanjh, Teresa D'Elia, Kristina Kokorelias, Steven Stewart, Josephine McMurray, AnneMarie Levy, Arlene Astell.

Background: There is a digital divide in long-term care homes (LTCHs), with few residents having regular access to internet-connected devices. In this study, we provided LTCH residents with personalized tablets and explored what factors influenced tablet use and the impact of tablet access on opportunities for social connection and recreation.

Methods: In this remote, open, and uncontrolled study, a total of 58 resident and care partner dyads were recruited across seven LTCHs in Ontario, Canada. Resident demographics, functional status, and recreational engagement were captured using the RAI-MDS. Care partners completed a relational closeness questionnaire and site leads assessed resident quality of life before and three-months after tablet distribution. Interviews with 23 care partners and 7 residents' post-implementation were also completed.

Results: Residents used tables on average, 44.5 ± 86.1 minutes/day, with a subset of 25 high users engaging with the tablet 96.9 ± 110.6 minutes/day. Predictors of higher tablet use were younger age, higher cognitive functioning, absence of hearing impairment, and having a care partner who lives further away. There was no improvement on quantitative measures of quality of life, recreation, or relational closeness. In interviews, participants identified many different opportunities afforded by access to personalized tablets.

Conclusions: Some LTCH residents without current access to the internet benefit from being provided a personal tablet and use it in a variety of ways to enrich their lives. There is a critical need to bridge the digital divide for this population.

Beyond Tik Tok: Using Microlearning to Enhance Continuing Education for Geriatric Mental Health

Cindy Grief, Christopher Kitamura, Nidhi Sachdeva.

Background: Theoretical frameworks help to inform the design of educational products. Microlearning, an educational strategy that communicates content through short bursts, is aligned with the Science of Learning. Since September 2022, the International Geriatric Mental Health education network (IGeMH) has hosted monthly interprofessional rounds. In this presentation, we discuss the use of microlearning as a knowledge translation strategy in geriatric mental health continuing education.

Methods: Rounds occur monthly via Zoom and are hosted by Baycrest in Toronto, Canada, with speakers to date from the USA, UK, Peru, Portugal, Israel, India, Rwanda and the Netherlands. Following each live session, material is summarized by co-chairs and rendered into a mobile friendly microlearning format using the platform 7tapsintergrated. Microlearning session summaries are then posted in IGeMH's WhatsApp group. Through 7taps, we are able to capture user experience through anonymous, integrated polling.

Results: Almost 1000 participants have attended an IGeMH rounds, averaging 100+ participants per session; 116 have joined our WhatsApp community. Polling results and feedback from this community on microlearning summaries, including impact on learning and practice change, are described. We also review some of the known benefits and limitations of microlearning in continuing education.

Conclusions: Our goal through the IGeMH education network is to disseminate knowledge and facilitate resource sharing in geriatric mental health. Microlearning, with its mobile friendly nature, is an educational strategy that offers flexibility and just-in-time learning for busy practitioners. Microlearning summaries in our WhatsApp group contribute to the development of a community of practice in geriatric mental health.

Advancements in Geriatric Care: Top Ten Recent Research Papers

Julia Kirkham.

Background: This presentation will highlight impactful, interesting, and recent papers relevant to the practice of geriatric psychiatry, encompassing the latest research related to aging, healthcare delivery, interventions and treatments.

Methods: We will briefly describe study methods and findings for each paper, followed by a discussion of main implications for clinical practice.

Conclusions: Participants will gain and up to date understanding of important advancements in geriatric health and mental health care and be able to apply key takeaways to inform evidence-based practice.

Behaviour Success Agent Model: Integrating Specialized Geriatric Care for Persons Living with Dementia Who Receive Services in Acute Care Environments

Kathleen Bingham, Sandra Easson-Bruno, Salinda Horgan, Annalee King, Cindy Kosynski.

Background: The acute care environment (ACE) is an arena in which persons living with dementia (PLWD) have unique needs in terms of receiving quality care to address interrelated physical, mental and social health experiences. Models of integrated care are required to build capacity within ACEs to ensure effective and quality care for this population and their

care partners. The Behaviour Success Agent (BSA) program is a model of integrated specialized geriatric care for PLWD who experience behavioral symptoms of dementia (BPSD) in ACEs. This model being implemented and tested across the region of North Simcoe Muskoka.

Methods: A mixed-methods program evaluation is being carried out to: i) evolve and refine the model through early identification of program components and mechanisms that shape optimal implementation; ii) evaluate the overall effectiveness of implementation across sites; iii) examine the interrelationship between implementation and intervention outcomes on quality of care.

Results: Preliminary data from the 375 PLWD admitted to ACEs between February and October 2023 demonstrate an 80% reduction in restraint use, a 70% reduction in as needed medication use, and removal of BPSD as a barrier to discharge in 67% of patients. Additional findings will identify (based on early-evidence) which program components and mechanisms appear to optimize implementation and improve overall quality of care.

Conclusions: This study will describe a model of integrated specialized geriatric care (including lived experience expertise) for PLWD experiencing behavioral symptoms of dementia (BPSD) in ACEs. Findings will provide evidence to inform further refinements to the model and its implementation across ACH settings.

Review of the Ontario Health East—Champlain Region Geriatric Psychiatry Behaviour Support Ontario Outreach Team’s Collaborative Practice Model

Adele Loncar, Bonnie Daros, Olivia Armstrong, Nathalie Azzi, Tatiana Vavrova, Nancy Lesiuk, Mary Prince, Erin Atkinson, Michelle Heggison, Theresa Stoesser, Lana MacDonald, Maria Boguslavsky.

Background: This abstract presents a comprehensive analysis of the collaborative practice model employed by the Geriatric Psychiatry Outreach (GPO) and Behavioural Support Ontario (BSO) Team at The Royal Ottawa Health Care Group, focusing on its impact in Geriatrics. The model involves an inter-professional team addressing the needs of older adults in long-term care homes (LTCH) and across Ontario Health East (OHE)—Champlain Region. The multidisciplinary approach integrates diverse expertise, enhancing care quality. BSO’s initiatives extend to supporting families and care partners managing responsive behaviours. Efforts to improve system integration include a BSO Community of Practice (CoP), refining referral processes and promoting information exchange. With approximately 30.1% older adult residents in OHE—Champlain Region, these initiatives are crucial.

Methods: The objective is to provide comprehensive services to older adults facing cognitive impairments, with

BSO aiming to enhance patient safety, quality of life, and prevent unnecessary transfers. Methods involve evaluating program evolution and impact using quantitative metrics from 2015 to 2023, comparing team structures and analyzing key program metrics. Results show a significant reduction in unnecessary hospitalizations and improved quality of life for residents, highlighting the positive impact on Geriatric Psychiatry challenges.

Results: The collaborative model has significantly reduced unnecessary hospitalizations and improved the quality of life for residents with complex mental health needs and behavioural and psychological symptoms of Dementia.

Conclusions: The collaborative model enhances care for older adults in LTCH, emphasizing the importance of investment in specialized geriatric psychiatry services.

Co-designing a Systems-level Approach to Seniors’ Mental Health Care in Ontario

Mark Lachmann, Adam Morrison, Kelly Kay.

Background: Over an 18-month period, Provincial Geriatrics Leadership Ontario (PGLO) has engaged regional and provincial partners in discussion about a systems-level approach to enhancing capacity to support geriatric mental health through a co-designed provincial infrastructure.

Methods: Beginning in 2013, PGLO brought regional and local seniors mental health and geriatric psychiatry providers, administrators, and researchers interested in forming a provincial seniors mental health infrastructure for Ontario. PGLO convened a small multi-organizational committee to determine opportunities for structured collaboration. A provincial survey was completed by stakeholders over the Winter of 2023 to establish current service status and to engage on the potential benefits of working collectively on key goals. Survey results were used to ground six regional strategic conversations over Spring 2024 to answer questions pertinent to: sharing best practices, planning for service demand, advocating for system transformation, and addressing care access disparities among and within regions. Results were used to form a recommended approach to develop a provincial seniors’ mental health infrastructure, including common action goals.

Results: PGLO’s consultative approach yielded rich feedback on current barriers, strengths, and opportunities for collaborative action that a provincial geriatric mental health infrastructure could support. Key partnerships among stakeholders were identified, and participants identified a high level of support for provincial coordination.

Conclusions: Co-design through direct engagement with professionals and organizations working in seniors mental health is an effective approach to identify shared priorities, build relationships among providers, and to evolve a provincial infrastructure supporting the mental health of older adults.

Family Caregivers as Partners in Older Adult Mental Health Care; Introducing Co-Designed Caregiver-Centered Care Education to Make it Happen

Elisabeth Drance, Jasneet Parmar, Sharon Anderson, Tanya L'Heureux, Jamie Stewart.

Background: Effective partnerships with Family Caregivers (FCGs) enhance patient care. While involving FCGs is not a new idea in Geriatric Psychiatry, FCGs are generally engaged as though they are supplementing the care provided by the health care team. Yet, FCGs provide 75–90% of the care for Canadians with mental, physical, and cognitive illness and disabilities. Thus, healthcare providers (HCPs) are in fact supplementing the care FCGs provide our patients. Unfortunately, current training leaves many HCPs ill-equipped to meaningfully partner with FCGs. Since 2016, researchers have called for competency-based education for healthcare providers (HCPs) to recognize, engage, and support FCGs. We used a Modified Delphi Process to validate the needed competencies, then co-designed competency-based Caregiver-Centered Care Education for HCPs with 154 multi-level interdisciplinary stakeholders. Using repeated measures convergent parallel mixed-method design informed by the Kirkpatrick-Barr Healthcare Workforce Education Evaluation Framework, we found significant, positive impacts on HCP practice.

Methods: This workshop will use interactive activities and first-hand accounts to highlight best practices in educational co-design and everyday practices to build partnerships with FCGs.

Results: Attendees will explore how Caregiver-Centered Care can be integrated into their practices to enhance partnerships with and support for FCGs caring for older adults with mental health challenges.

Conclusions: FCGs are the backbone of the healthcare system and need support from HCPs to maintain their care and own wellbeing. The Caregiver-Centered Care Education enhances knowledge, skills, and confidence to work effectively with FCGs, an essential component to building a better healthcare system.

Driving and Substance Use in Older Adults: Don't Feel Impaired by this Topic

Christopher Kitamura, Mark Rapoport, Marilyn White-Campbell.

Background: Older drivers use prescription and non-prescription substances known to impair cognition and psychomotor performance at high rates. While the risks of driving while under the influence of substances is heavily studied and discussed in younger adults, much less attention is paid to older drivers with substance use disorders (SUDs). SUDs amongst older drivers present unique challenges in diagnosis and management and pose important safety risks to the driver and the public.

Methods: The workshop will start with a review of the prevalence and risks of substance use while driving in older adults, with an emphasis on alcohol, cannabis, benzodiazepines, and other prescription drugs. We will review warning signs for compromised driving, treatment of SUDs, and discuss driving rehabilitation for the recovered substance user. Participants will then practice clinical approaches through a review of 2 case studies. We will engage participants and encourage sharing ideas and experiences, from multiple disciplines and perspectives.

Results: Workshop participants will learn about assessing older drivers with SUDs, and practice approaches to treat and rehabilitate older drivers with SUDs.

Conclusions: While older drivers with SUDs present clinical challenges, clinicians can develop a systematic approach to assess and treat these individuals and reduce safety risks and healthcare burden in this population.

Incorporating EDI into Geriatric Mental Health Education: Experiences from 3 Initiatives

Cindy Grief.

Symposia Summary

There are now requirements to ensure Equity, Diversity and Inclusion (EDI) perspectives are considered when designing educational initiatives. This broadly encompasses individual talks, rounds series, courses and curricula, whether provided in person or virtually. Having to meet EDI requirements may be experienced as needing to check off all the boxes rather than an opportunity to engage in meaningful reflection. There are, as well, unique considerations in geriatric mental health where the intersectionality of ageism, mental illness and other social determinants of health increase complexity. What does it mean practically to incorporate an EDI approach in geriatric mental health education? This symposium will unpack the concept of EDI in education in geriatric mental health using examples from three separate initiatives. The first talk will describe the International Geriatric Mental Health education network and how its programming has incorporated EDI concepts into the design of an ongoing virtual rounds series in geriatric mental health. Next, we describe the process of updating the curriculum for the national Geriatric Psychiatry Online to ensure identified gaps in EDI were addressed. The final talk will encourage reflection on the notion of intersectionality by outlining how this is being woven into teaching sessions in a geriatric mental health seminar series for Canadian subspecialty residents.

Incorporating EDI into International Grand Rounds Programming

Background: The International Geriatric Mental Health Education Network (IGeMH) was established in 2022 as a

means to promote knowledge exchange and share tools and resources with clinicians who work with older adults. In parallel, we moderate a WhatsApp group to promote engagement between sessions. EDI principles are considered in all aspects of programming including who is invited (trainees, senior academics vs. clinicians), efforts to reach participants from Low- and Middle-Income countries, as well as ongoing reflection on content, process and accessibility.

Methods: We review the literature for best practices in designing continuing education in geriatric mental health, using our experiences with IGeMH to illustrate how these strategies can be utilized, including reviewing learning objectives to ensure language is appropriate for ESL audiences, advance discussion with presenters and an emphasis on the democratization of knowledge.

Results: To date, participants from more than 50 countries have attended our monthly rounds sessions, with invited speakers from 9 countries including Canada, USA, Peru, United Kingdom, Portugal, Israel, India, Rwanda and the Netherlands. Previous polls have shown that participants agree that programming reflects diversity in content and presenter. Polling will be repeated at the conclusion of the current series.

Conclusions: EDI in education is a broad topic. Through our experiences with an international rounds series and emerging community of practice in geriatric mental health, we share strategies for incorporating this approach into the programming of continuing education.

Updating a Course Curriculum with an EDI approach: Lessons from the Geriatric Psychiatry Online Course

Background: The Geriatric Psychiatry Online Course (GPOC) is run under the auspices of the Canadian Academy of Geriatric Psychiatry. The course is facilitated by experts and consists of 17 modules in key topics in geriatric mental health. Course evaluations from previous participants have highlighted gaps in EDI. A process of curriculum renewal is currently underway.

Methods: Course participants were asked to comment on how well each module addressed equity, diversity and inclusion. In addition, a national needs assessment was undertaken in the spring and summer of 2023 to solicit input from future participants to comment on affordability, accessibility and other aspects related to EDI. An expert in EDI and virtual learning was consulted.

Results: Qualitative data from participant evaluations from the previous cohort highlighted gaps in EDI. We present, as well, findings from a completed national needs assessment that preceded our curriculum update. Modifications were made to address gaps in EDI. We describe the results from the evaluations of the current 2024 GPOC.

Conclusions: There are several important considerations when course participants are diverse in professional background, level of training and location of practice. Establishing a safe learning environment, building in opportunities for engagement, and ensuring case vignettes take social determinants of health into account are some of the strategies utilized. We discuss an approach to promoting EDI principles when designing a course in geriatric mental health.

Intersectionality and Stigma: Considerations for EDI in Geriatric Mental Health Seminars

Background: Substance use, both licit and illicit, presents challenges to health care professionals working with older adults, who are vulnerable to adverse effects. Older adults with substance use disorders (SUDs) have unique characteristics and treatment needs, but are often overlooked in care and as a group are highly stigmatized. This area highlights the intersection of overlapping identities that can heighten marginalization. In 2023, a Canadian Geriatric SUDs Course was developed for geriatric psychiatry subspecialty residents. From the outset, ways of teaching about ageism, stigma and mental health were considered.

Methods: The Canadian Geriatric SUDs Course for geriatric psychiatry subspecialty (PGY5 and 6) residents is a monthly virtual seminar series presented by a diverse group of experts. Each session consists of a 30-minute virtual didactic presentation and interactive case discussion. The program consists of one session related to EDI in SUDs, and additionally embeds these principles throughout the curriculum.

Results: Feedback has been highly positive from subspecialty trainees. We present data from the pre- and post-course evaluations from the 2023 and 2024 cohorts. Residents highly valued learning from Persons with Lived Experiences. We summarize the detrimental impact of stigma on treating SUDs.

Conclusions: Older adults with SUDs face stigma and marginalization. We discuss approaches to education that can help challenge stereotypes.

Back to Basics with a Modern Twist: Creating Opportunities for Meaningful Engagement through Digital Storytelling (DST)

Lisa Joworski, Tuoyo Awani.

Background: Person-centred care and knowing one's needs, interests, likes, and dislikes is considered best practice, yet health care professionals lack the time and resources to truly listen and learn from patients' life stories. Increasing loneliness and social isolation, coupled with the understanding that video elicits strong emotional connections, lead to the provision of Digital Storytelling (DST) services facilitated by the therapeutic recreation specialist.

Methods: To promote mental health and well-being in older adults, reduce stigma, and increase cultural competence, the Geriatric Mental Health Program (GMHP), London Health Sciences Centre (LHSC) has piloted a DST initiative. Prior to implementation, the facilitator received formal training. The two-hour sessions with clients occur over six to ten weeks approximately and include a screening of their co-created video with their preferred audience, fortunately including the GMHP multidisciplinary team. During the screenings, listeners are encouraged to reflect on the story and what resonated with them.

Results: Storytellers indicated that they found working on completing their video was a meaningful and supportive experience. GMHP health care professionals also highlighted that the opportunity to view the videos gives them the opportunity to humanize clients, learn from lived experience, practice listening skills and shift their perspectives.

Conclusions: DST is an innovative and modern approach that enhances well-being, prioritizes person-centred care as best practice, reduces stigma and fosters deep listening and trusting relationships with health care professionals. This model offers a pro-active approach that draws on emerging technology to meet the needs of older adults and health care teams alike.

How to Create Positive Spaces in a Hospital Unit for Patients with Neuropsychiatric Symptoms of Dementia

Arvind Kang, Krista Mcphail, Zoe Clarke, Jeany Chan.

Background: Neuropsychiatric symptoms of dementia occur frequently in hospitalized patients. These complex and challenging behaviors are associated with the increased patient and caregiver distress, psychotropic medication use, adverse effects, injuries, healthcare costs, barriers to discharge, prolonged hospital stays, and placement in the care facilities.

Methods: In this workshop, our interdisciplinary team will share the successful experience of creating a homey environment on an inpatient unit at Lions Gate Hospital, inspired from dementia units in Europe, with minimal funding or staffing additions. We will share skills used to create a balcony garden, bus stop, cafe, salon, bank, and library on this inpatient unit. We will teach techniques including the use of plants, wallpaper, colours, and seasonal decorations to decrease stimulus bound behaviors and offer distraction. We will share strategies used to promote system based changes to educate and inaugurate functional programming such as group walks to the lobby, on unit balloon volleyball, hand care, bowling, drumming, and fun races on the unit. We will share deescalation techniques including soothing methods such as cuddling a robotic dog or interacting with our unit's live-in pets.

Results: These enriching experiences have helped decrease agitation, boredom, PRN use, aggressive outbursts, exit seeking behaviors, and code whites.

Conclusions: This quality improvement project emphasizes the need for innovation, patient advocacy, and interdisciplinary alliance to achieve positive clinical outcomes and holistic patient care on inpatient units.

The Behaviours in Dementia Toolkit: A Hub for Evidence-informed and Practical Tools for Health Care Providers and Care Partners Supporting People Experiencing Behaviours in Dementia

Nick Ubels, Lauren Albrecht, Brenda Martinussen, Dallas Seitz, David Conn, Claire Checkland, Mark Rapoport, Gary Naglie, Stacey Hatch.

Background: Many people living with dementia will experience changes in mood or behaviour. These changes can be an attempt to communicate discomfort and distress when people with dementia have difficulty expressing their physical and emotional needs or making sense of their environment. Through improved access to practical and evidence-informed resources, health care providers and care partners can deepen their understanding and compassionately respond to mood and behaviour changes in order to support people with dementia to live well.

Methods: To improve access to relevant information, the Canadian Coalition for Seniors Mental Health (CCSMH) developed the Behaviours in Dementia Toolkit website (behavioursindementia.ca), an online library of 280+ resources. The website was developed to be welcoming, engaging and easy to use. Many diverse user perspectives were consulted and integrated into the website, including interdisciplinary health providers, and Indigenous, racialized, 2SLGBTQ+, disability, and rural or remote end users. An evaluation study is now underway to assess the reach and impact of the site.

Results: In the first month the website was accessed by 4900 unique users 7300 times. We will share additional evaluation results including: reach, user behaviour patterns, ease-of-use, accessibility, user experience, change in knowledge, anticipated behaviour change, and contribution to Canadian dementia guidance.

Conclusions: Using a variety of techniques and mechanisms, CCSMH created a highly relevant, inclusive, and impactful knowledge mobilization product that met a great need. We expect our evaluation study to illustrate positive knowledge and practice change for both health care providers and care partners.

Beyond Deprescribing: Medication Optimization in Complex Older Adults

Sophiya Benjamin, Saumil Dholakia, Vanessa Thoo, Andrea Iaboni.

Background: Older adults are at increased risk of adverse drug reactions due to multiple diseases, multiple medications and age related changes to drug metabolism. Mental health

practitioners prescribing to older adults require a good understanding of changes to major organ systems with aging, multimorbidity and geriatric syndromes as well as pharmacokinetic and pharmacodynamic properties of psychotropics in order to prescribe safely and minimize medication related harm.

Methods: This workshop will review basic concepts in pharmacology and build on this by applying it to scenarios with polypharmacy. Content will be based on frequently encountered scenarios and questions out of the hundreds of cases reviewed annually by GeriMedRisk, a clinical and education service focused on medication optimization in older adults. The attendees will be guided in working through complex prescribing questions relevant to clinical practice. Common and commonly overlooked drug-drug interactions will be reviewed with a focus on safety.

Results: Risks of side effects will be quantified based on existing literature to enable meaningful, evidence informed consent discussions with patients and care partners. Use of psychotropics in those with pre-existing QTC prolongation, hyponatremia and other comorbidities will be addressed.

Conclusions: This interactive session will enable the audience to take back knowledge to increase safer prescribing practices in complex older adults with multimorbidity.

Cognitive Behavioral Therapy for Insomnia in Older Adults

Christopher Earle, Julia Curtis, Malgorzata Rajda, Jennifer Barr.

Background: An estimated 50% of older adults with psychiatric disorders report difficulty initiating or maintaining sleep. Cognitive Behavioral Therapy for Insomnia (CBT-I) is an effective, efficient and safe intervention for insomnia which can be tailored for specific populations. This workshop provides an introductory overview of CBT-I, emphasizing practical modifications for older adult populations.

Methods: This workshop will use mixed teaching methods, including brief didactic sessions and interactive small group discussions reviewing cases frequently encountered in geriatric psychiatry practice. Basic principles of CBT-I will be covered, including assessment tools, behavioral interventions and cognitive strategies. Attendees will engage in facilitated interactive case discussions focusing on insomnia management in the context of comorbid medical and psychiatric disorders, as well as sleep disturbances associated with dementia. The workshop attendees will have an opportunity to share their own ideas and experiences.

Results: By the end of this workshop, participants will gain foundational knowledge of CBT-I and its application in older adult population. Practical strategies and resource toolkit (assessment tools, scales, and patient handouts) will equip attendees to address insomnia and related sleep problems in diverse clinical settings.

Conclusions: This workshop will equip participants with foundational knowledge and practical strategies for implementing CBT-I in older adults. By emphasizing tailored approaches and facilitating interactive case discussions, attendees will be empowered to address insomnia and related sleep problems effectively in their own clinical environments. This will improve best practices in senior's mental health care and capacity to offer evidence-based and effective insomnia treatments.

Social Isolation and Loneliness in Older Adults: Moving from Clinical Guideline Dissemination to Meaningful Practice Change

David Conn, Tanya Billard, Suzanne Dupuis-Blanchard, Amy Freedman, Peter Hoang, Mélanie Levasseur, Nancy Newall, Mary Pat Sullivan, Andrew Wister.

Background: Social isolation and loneliness have emerged as key elements affecting the physical and mental well-being of older adults across Canada. CCSMH developed these clinical guidelines primarily for health care and social service professionals to support them in their professional roles working with older adults. Methodology included a rapid scoping literature review, utilizing the GRADE approach and consensus decision making.

Methods: CCSMH developed these clinical guidelines primarily for health care and social service professionals to support them in their professional roles working with older adults. Methodology included a rapid scoping literature review, utilizing the GRADE approach and consensus decision making. The guidelines were informed, developed and reviewed by a pan-Canadian interdisciplinary group including academic, research, clinical and community based professional experts in this field. Two national surveys of health care and social service professionals and older adults also informed the guideline development.

Results: These Canadian clinical guidelines are the first in the world and include 17 recommendations in the areas of Prevention, Screening, Assessment and Interventions. Workshop participants will share and explore opportunities for incorporating these guidelines into a range of practice settings.

Conclusions: This workshop will result in increased knowledge regarding the specific recommendations in the new clinical guidelines on social isolation and loneliness in older adults and explore practical ways to move the recommendations into meaningful practice change.

Unconventional Treatments for Refractory Neuropsychiatric Symptoms of Major Neurocognitive Disorders in Tertiary Care Patients

Peter Chan, Malfalda Musacchio, Lillian Hung, Peter Chan.

Symposia Summary

In Canada, it was estimated that 597,000 individuals were living with major neurocognitive disorder (MNCD) in 2020,

and with increasing annual incidence, the number will be close to 1 million individuals afflicted by 2030. Neuropsychiatric symptoms (NPS) occur in up to 90–97% in this population over the course of their illness. While the cognitive impairment can be profoundly disabling, it is the non-cognitive features that are most closely associated with quality of life. Those suffering with NPS are associated with greater caregiver burden, caregiver costs, and health care utilization compared to those without NPS. Therefore, effective treatments for NPS such as psychosis, agitation and aggression can lead to significant improvement in the quality of life for those afflicted with MNCD and for their caregivers.

Consensus guidelines emphasize the first-line use of non-pharmacological approaches, which can be effective for some MNCD individuals with NPS but may be ineffective for others. Pharmacological treatments are usually the next line of approach, such as sedative-hypnotics, antidepressants, mood stabilizer, and antipsychotics. However, the safety and effectiveness of antipsychotics for NPS have been questioned. Antipsychotics are associated with adverse effects such as increased risk of falls, somnolence, stroke, cardiovascular events, extrapyramidal symptoms and mortality. Moreover, despite sequential or combination pharmacotherapies, there are those who remain refractory to numerous medication trials. In this symposium, the use of novel non-pharmacological interventions, cannabinoids, and electroconvulsive therapy will be discussed as pertaining to the range of options available on a tertiary care, geriatric psychiatric unit for this treatment-refractory population.

Electroconvulsive Therapy for Neuropsychiatric Symptoms of Major Neurocognitive Disorder

Background: Neuropsychiatric symptoms (NPS) in those with Major Neurocognitive Disorder (MNCD) include the responsive behaviours of agitation and aggression. Electroconvulsive therapy (ECT) has shown some effectiveness based on retrospective studies and an open label prospective study. We hypothesized that ECT will reduce NPS between baseline and after treatment in those with medication-refractory behaviours.

Methods: This Canadian prospective multi-centre study included MNCD patients admitted to geriatric psychiatry units for the management of refractory NPS. All treatment-refractory participants suffered from advanced MNCD. We conducted the Neuropsychiatric Inventory-Clinician Version (NPI-C) and the Pittsburgh Agitation Scale (PAS) at baseline, during and after the ECT course. A bitemporal or bifrontal ECT series based on dose titration to 1.5–2.5 times seizure threshold was administered.

Results: Data were collected for 33 patients with a mean age of 73 and categorized with severe MNCD using the Functional Assessment Staging of Alzheimer’s Disease scale (stage 6 and 7). The data showed a drop in mean NPI-C from 58.36 to 24.58

[$p < .0001$]. Mean NPI agitation subscale dropped from 7.12 to 3.09. [$p = .007$]. Mean NPI aggression subscale dropped from 6.94 to 0.97 [$p < .0001$]. There was a concomitant significant decline in PAS scores. No participants dropped out due to intolerance of ECT.

Conclusions: In this naturalistic study, ECT was found to be a safe and effective treatment for certain NPS in those individuals with MNCD. This can translate into improving quality of life. The findings will be discussed in comparison to other similar studies.

Cannabinoid Treatment for Neuropsychiatric Symptoms of Major Neurocognitive Disorder

Background: Neuropsychiatric symptoms (NPS) in those with Major Neurocognitive Disorder (MNCD) include the responsive behaviours of agitation and aggression. The 2021 Cochrane Database systematic review was inconclusive on whether cannabinoids are beneficial or harmful in treating NPS based on four randomized, placebo-controlled trials. However, clinical experience in a treatment-refractory tertiary-care population indicates benefits that can be quite substantial and with a low incidence of side effects. Nabilone, an agonist at endogenous cannabinoid receptors (CB1 and CB2), has properties that can improve the management of pain, anxiety, nausea, appetite loss, and insomnia based on studies in the general population.

Methods: Patients with advanced MNCD and treatment-resistant NPS admitted to a tertiary care geriatric psychiatry unit were evaluated for outcomes, such as with the Neuropsychiatric Inventory questionnaire, after the introduction of nabilone.

Results: A case of nabilone’s effectiveness in treating NPS on this unit will be discussed. Naturalistic, quantitative outcome data are currently being collected and will also be presented.

Conclusions: Nabilone is a safe and effective treatment for certain NPS in those individuals with advanced MNCD. It should be considered a suitable alternative to antipsychotics in managing agitation and aggression.

Virtual Reality in Dementia Care: A Collaborative Action Research

Background: Virtual reality (VR) has emerged as a promising intervention to alleviate Behavioral and Psychological Symptoms of Dementia (BPSD), improving mood and well-being among individuals with dementia. Although there is growing evidence to support the feasibility and benefits of using VR in dementia care, less attention has been paid to implementation science to identify enablers and barriers to technology adoption in care settings.

Methods: We employed a Collaborative Action Research (CAR) approach to bring together researchers, patient and

family partners, clinical staff, and industry experts to design a VR program for patients in hospitals and residents in long-term care homes. Data were collected through focus groups, interviews, and ethnographic observation.

Results: Thematic analysis identified four key themes that represent the experience of participants: joy and happiness, fostering relationship, personalization, and challenges in resource constraints.

Conclusions: The study highlights the importance of multi-level support to ensure the successful adoption of innovative technologies in dementia care. The results underscore the need for further implementation science research to elucidate both facilitators and barriers to adopting technology for practice innovation. Future efforts should focus on evaluating the impact of VR interventions on individuals with dementia and their caregivers, paving the way for more personalized and effective therapeutic strategies.

Implementing Bed Sensor: Perspectives of an Interdisciplinary Team in a Geriatric Inpatient Hospital Setting

Cromwell Acosta, Yong Zhao, Joanna Lawrence, Michelle Towell, Emie Oba, Rochelle Guina, Heather D'Oyley, Marion MacKay-Dunn, Bryan Chow, Lillian Hung.

Background: Sleep is a crucial aspect of geriatric assessment for hospitalized older adults. However, there is dearth of comparative research on the effectiveness of paper-based sleep log versus technology-enabled sleep monitoring methods. This study aims to explore the perspectives of an interdisciplinary team on sleep monitoring methods by comparing paper-based somnolence charted by nurses with a smart bed sensor, potential barriers and facilitators of using sleep tracking technology in a hospital setting. Sleepsense is a digital bed sensor providing remote real-time, continuous monitoring of sleep patterns and bed activity.

Methods: Using a mixed-methods approach, we conducted individual interviews and focus groups involving 29 staff members with diverse roles in interdisciplinary team including two family partners. Data analysis utilized an interpretative descriptive analysis and the Consolidated Framework for Implementation Research (CFIR) to identify barriers and facilitators of bed sensor use in an inpatient setting.

Results: Findings revealed that the use of a somnolence chart was associated with clinical inaccuracy from subjective estimates and sleep disruptions, while the use of bed sensor was perceived as a time saving, data-driven and evidence-based tool. Barriers to implementing bed sensors include resistance to change, consent issues, concerns about patient comfort and safety, and accessibility and familiarity of technology. Facilitators included orientation and training from technology partner, effective communication and the idea of collecting objective data.

Conclusions: The CFIR framework offers a useful implementation framework for analyzing barriers and facilitators in adopting technology in a hospital setting. Future research should prioritize examining effective strategies with interdisciplinary team to support innovations.

Current State and Impact of Behavioural Support Transition Units in Ontario Long-term Care Homes

Katelynn Aelick, Jillian McConnell, Nancy Hooper, Sarah Clark.

Background: Behavioural Support Transition Units (BSTUs) offer time-limited assistance to individuals with dementia and older adults with other complex mental health conditions whose behavioural care needs surpass the capabilities of their current environment. Long-term care home-based BSTUs aim to reduce the occurrence and prevalence of residents' responsive behaviours, facilitating their transition to a lower level of care upon achieving clinical goals. In Ontario, there are currently 21 BSTUs, supporting a maximum capacity of 395 residents at one time.

Methods: This presentation will synthesize the findings from the 2023 Ontario BSTU Environmental Scan alongside preliminary insights gleaned from the inaugural province-wide dataset, encompassing data from Ontario's BSTUs. Data for both of these initiatives was collected directly from all BSTUs via electronic surveys and data collection forms.

Results: The BSTU Environmental Scan provides a comprehensive overview of the current landscape of Ontario's BSTUs, including demographics, environmental design, staffing, consultation supports, and staff education and offers opportunities to identify areas for quality improvement. The data compilation surfaces pivotal factors that contribute to the efficacy of BSTUs and other relevant data trends.

Conclusions: The dissemination of this information will bolster the collective comprehension of the BSTU landscape, benefiting those working in similar units across Canada as well as those planning to create similar units.

Coordinated Aging in Place Services with Integrated Primary Health Care

Lorri Amos, Paula Pickard, Natasha Hanson, Daniel Jardine, Donaldo Canales.

Background: Several factors impact the older adult's ability to age safely in their home, including effects of living with chronic conditions and/or increasing frailty. Our goal was to evaluate the impact of a multi-disciplinary service within primary health care (CAPS) that provides equitable, proactive, comprehensive chronic illness and frailty management for community older adults, including their informal caregivers.

Methods: A six-month pilot with the CAPS team, registered nurse, occupational therapist, and social worker, in collaboration with patient's primary provider. CAPS provided evidence-based clinical assessments, patient-centred action plans, ongoing case management & self-management support, and referrals to healthcare clinicians and community resources. A concurrent nested mixed methods study. Predominately qualitative study to evaluate participant's experiences, using thematic analysis of semi-structured interviews, with supportive quantitative descriptive and clinical statistics.

Results: 16 patients (older adults), 9 informal caregivers, and 8 healthcare providers participated. Qualitative findings identified majority of the patients and caregivers felt the CAPS team gave them lots of information and was very helpful or excellent. They found the care was better with CAPS compared to their previous primary care experiences. Majority of the primary providers felt their patients had fantastic care with CAPS, they felt supported by CAPS team, and would like the program to be continued.

Conclusions: The results of the study provide information on the impact of using a multi-disciplinary team approach in primary health care to enhance the health and wellbeing of older adults. Learnings can be applied or adapted to improve service delivery and/or the standard of care for this population.

Referral Criteria of Geriatric Psychiatry Services Across Canada

Mackenzie Armstrong, Osob Regal, Mark Bosma, Gail Eskes, Cheryl Murphy.

Background: Currently, there are no standardized referral criteria for outpatient geriatric psychiatry services in Canada. The growing population of older adults in Nova Scotia has placed pressure on geriatric psychiatry outpatient services to efficiently meet this need. To inform the process of reviewing outpatient service referral criteria, the Section of Geriatric Psychiatry at Dalhousie University reviewed referral criteria for similar services from academic centres across Canada.

Methods: This quality improvement project reviewed referral criteria for geriatric psychiatry outpatient services at multiple Canadian academic centres. Faculty from these centres provided referral criteria for outpatient clinics attended by geriatric psychiatry residents, akin to outpatient clinics at Dalhousie University. We developed a template to extract relevant data from each set of referral criteria, such as age cut-offs and timing of symptom onset. The data will be presented through tables, graphics and narrative discussion.

Results: We received criteria from 51 clinics associated with 13 Canadian geriatric psychiatry subspecialty residency programs. It is anticipated data review will be completed by July 2024.

Conclusions: The results of this project will inform future revisions of our referral criteria to help meet the needs of Nova

Scotia's older adults. As well, the outcomes of this project may assist other Canadian services seeking to evaluate their referral criteria, contributing to equitable access to geriatric psychiatric care nationwide.

Abrupt Discontinuation of Maintenance ECT Due to the COVID-19 Pandemic: Impact on Relapse Rates with a Focus on Older Adults

Kyle Arsenault Mehta, Lisa McMurray.

Background: Electroconvulsive therapy (ECT) is an effective treatment for many psychiatric illnesses, often in cases of treatment-resistance and when pharmacological therapies have been ineffective or poorly tolerated. There are subgroups of patients who require maintenance ECT therapy following an acute series to prevent illness recurrence or relapse. The Covid-19 pandemic starting in March 2020, due to SARS-CoV-2 virus, presented a challenge to offering ECT therapy. Access to many surgical and medical services was reduced or stopped due to the closure given infection control measures to reduce the spread of Covid-19. This included ECT given the aerosol-generating nature of the procedure.

Methods: We present a retrospective chart review of approximately 40 patients receiving maintenance ECT at a tertiary mental health care facility. These patients are of varying ages with different illnesses including major mood disorders, schizophrenia, and neuropsychiatric symptoms in the setting of major neurocognitive disorder. Approximately 75% of these patients were older adults, and a significant proportion of those were receive ECT for neuropsychiatric symptoms.

Results: We hope to document the impact of abrupt discontinuation of maintenance ECT on patients, including relapse rates, time to relapse, prescription of new medications or increase in dose, worsening symptom burden, readmission to hospital, and hospitalization duration. We will examine patient and illness factors associated with greater likelihood of relapse or clinical worsening.

Conclusions: We anticipate this data will add to our knowledge of maintenance ECT in older adults versus younger patients and inform our knowledge of discontinuation of ECT in the context of neuropsychiatric symptoms in dementia.

Late-life Treatment-resistant Depression Unresponsive to ECT—What Next?

Masa Calic, Dan Huynh, Yuliya Khyahnytska, Maria Hussain.

Background: Late-life treatment resistant depression (TRD) is present in one third of depression cases and associated with poor physical health and functional decline¹. Electroconvulsive therapy (ECT) is safe and recommended for TRD in elderly, with 70% efficacy. Post-ECT delirium occurs in 12% of ECT cases, but data is limited on prolonged post-ECT delirium. We

describe a patient with prolonged post-ECT delirium and no symptom remission from two acute ECT series.

Methods: For the purposes of this case report, the patient's chart was thoroughly reviewed, and a rigorous literature search was also conducted.

Results: An 87-year-old female with TRD was hospitalized for management of a severe major depressive episode with vegetative symptoms, anxiety and somatization. She was unresponsive to multiple adequate trials of antidepressants, antipsychotics, and benzodiazepines. The patient started right unilateral (RUL) standard pulse ECT, developing post-ECT delirium after session 6, which resolved 4 weeks after ECT termination. Her multiple medical comorbidities likely contributed to post-ECT delirium. After liaising with the ECT team, a second series of RUL, but ultra-brief pulse ECT was trialed. Although some improvement was noted, there was a 12-day interruption following session 8 due to a significant fall. After 16 sessions in total, the patient had minimal improvement and developed delirium symptoms again. Further ECT was discontinued. The patient is starting cognitive behaviour therapy in hospital while further pharmacological strategies are explored.

Conclusions: We will provide an update as we continue to manage this patient, guiding clinicians facing treatment challenges with late-life TRD unresponsive to or intolerant of ECT.

Increasing Resuscitation Status Related Goals of Care Discussions for Older Adults at a Canadian Mental Health Hospital

Cristina de Lasa, Elnathan Mesfin, Tania Tajirian, Caroline Chessex, Brian Lo, Sanjeev Sockalingam.

Background: The Geriatric Admission Units (GAU) at the Centre for Addiction and Mental Health comprises older adults with severe mental illness including advanced dementia (AD) who request comfort care focusing on quality of life and avoiding life-prolonging procedures including cardiopulmonary resuscitation (CPR). Before 2019, there was no standardized electronic health record (EHR) resuscitation status related (RSR) documentation tool, and hospital policy did not include resuscitation status order (RSO) with different do-not-resuscitate levels. Physicians would enter a 'NO CPR' order within the EHR knowing that non-CPR medical issues would necessitate transfer to acute care, resulting in frequent transfers not in alignment with patients' voiced wishes.

Methods: We aimed to increase GAU RSR-GOCD completion rates by 1 week of admission or transfer to 75% by December 2022. We developed an EHR RSO, updated hospital policy, and provided staff education. We conducted a retrospective chart review over a 4-year period of GAU RSR-GOCD frequency and time to completion, and an environmental scan to identify RSR-GOCD contributing factors, and barriers.

Results: RSR-GOCD mean completion rates were 13.4% and mean completion time was 39.6 days. Subgroup analysis

demonstrated AD RSR-GOCD completion rates of 20% versus 11% in non-AD patients. Identified RSR-GOCD barriers included lack of an EHR documentation tool and clear triggers.

Conclusions: RSR-GOCD completion rates were lower and took longer than expected, illustrating an opportunity for improvement, while subgroup analysis demonstrated provider understanding of RSR-GOCD importance in frail patients. Next steps include EHR informatics changes including RSO and RSR-GOCD documentation tool integration and modified resuscitation status default language.

Stake Holder Perspectives Towards Use of Physical Restraints in Hospitalized Older Adults Suffering from Major Neurocognitive Disorder and/or Delirium—A Qualitative Thematic Analysis

Saumil Dholakia, Jennifer Koop, Danusha Vinoraj, Sarah Russell, Miriam Thake, Susmita Chandramouleeswaran, Margaret Mackenzie Neil, Vera Hula, Courteney Munch, Megan Bixby, Natalia Mouravska, Susan Ball.

Background: The high prevalence rate of physical restraint use despite limited evidence of their effectiveness and clear potential for harm in hospitalized older adults with major neurocognitive disorder (MNCD) and/or delirium raises serious ethical, social and safety concerns. There is need for an ethical, evidence-informed approach around their ongoing use in this population.

Methods: This project utilizes one-on-one semi-structured interviews using key open-ended questions to identify stakeholder perspectives towards the use of physical restraints in hospitalized older adults with MNCD and/or delirium. Stakeholders include consenting older adults with a diagnosis of MNCD and/or delirium or their assigned substitute decision maker, non-union leaders, physicians, nursing staff, personal support workers and protective service agents directly involved in their care. The project was guided by a constructivist, experiential, deductive approach, using both semantic and latent coding to generate themes and narratives as part of reflexive thematic analysis qualitative research methodology.

Results: This project addresses the following questions: 1. What are patient, family, and staff perspectives on the use of physical restraints in hospitalized older adults with MNCD and/or delirium? 2. How can the current physical-restraint policy be improved to enhance prevention of restraint use while promoting safety for both staff and hospitalized older adults with MNCD and/or delirium? 3. What resources will be helpful to reduce/eliminate the use of physical restraints in this population?

Conclusions: In addition to advancing an older-adult-centered policy, the narrative from this qualitative analysis will help develop educational resources around the use of physical restraints in hospitalized older adults with MNCD and/or delirium.

Differential Feasibility and Tolerability of Deep Repetitive Transcranial Magnetic Stimulation for Depression in Older Adults: A Pilot Study for the DIVINE Trial

Anne-Marie Di Passa, Shelby Prokop-Millar, Horodjei Yaya, Allan Fein, Carly McIntyre-Wood, Jane De Jesus, James MacKillop, Emily MacKillop, Dante Duarte.

Background: Major depressive disorder (MDD) is a primary contributor of reduced quality of life in older adults. The deep transcranial magnetic stimulation (dTMS) “H1-coil” device has been thoroughly researched in MDD. However, dTMS research in older adults is limited, and little is known about the potential therapeutic benefits of stimulating specific brain regions associated with depression using different H-coils.

Methods: This feasibility and tolerability study employed an open-label design whereby participants aged 60 to 85 years with MDD were randomized to the H4 or H7 coil and underwent 20 dTMS sessions. The Hamilton Depression Rating 24-Item Scale (HDRS-24) was used to assess depression severity. Side effects were routinely monitored.

Results: From April 2023 to January 2024, 12 participants were enrolled and 11 (91.67%) completed the study. Treatment was well tolerated, with some reports of mild and transient headaches, neck pain, and stimulation discomfort. One participant withdrew after 5 sessions due to worsening dizziness and anxiety. The per-protocol sample ($n = 11$) included 8 females with a mean age (SD) of 70.36 (5.55). Significant reductions in HDRS-24 scores were observed over time in both groups ($F(4,36) = 31.55$, $p < 0.0001$, $\eta^2G = 0.57$). No group differences in such reductions were found ($p = 0.71$).

Conclusions: The H4 and H7 dTMS coils were feasible and tolerable. Although this pilot study is not powered to test efficacy, the effect sizes generated by the reduction of depressive scores were impressive. This warrants further investigation in a large-scale sham-controlled trial, expanding and customizing treatment options for older populations.

Design, Development, and Implementation of the E-learning Course, “Hot and Bothered: A Primer on Climate Change for Psychiatry Residents”

Emma Gregory, Ana Hategan, Anthony J Levinson.

Background: Attention to climate change and its effect on human health is growing. Despite physicians often working with patient populations that are at higher-risk for negative outcomes, training on the topic is sparse. We aimed to design, develop, and implement an evidence-based and clinically-relevant e-learning course for psychiatry residents on climate change and health, particularly its impact on older adults and those with mental illness.

Methods: From an environmental scan, there was no pre-existing e-learning course on climate change and health for

psychiatry residents in Canada. Review of the scientific literature informed the course’s key learning objectives and content. We also followed best practices in evidence-informed instructional design for e-learning.

Results: We developed a 40-minute asynchronous e-learning course. It consists of a pre-test, optional pre-readings, an interactive case-based module, post-test, evaluation survey, and resources. It was delivered through a learning management system for resident access, as well as recording course-related data such as completions. It reviews planetary health and its relevance to psychiatry, the basics of climate change, climate-related health outcomes, health inequities for older adults and those with mental illness, and practical interventions in psychiatric education and practice.

Conclusions: Pilot testing is currently underway, and we are recruiting participants at partner institutions. We will review their evaluations, and determine whether the course is an effective and acceptable educational tool for psychiatry residents. We will use feedback to improve the format and content of the course as needed, and we hope that it will be incorporated into psychiatry curricula.

Building Capacity for PSWs: Co-designing Education in Geriatric Mental Health

Cindy Grief, Lisa Sokoloff, Cindy Timukas, Leslie Giddens-Zuker.

Background: The Canadian Academy of Geriatric Psychiatry’s (CAGP) annual Geriatric Psychiatry Online Course (GPOC) offers continuing education to healthcare professionals through online modules covering key topics in geriatric mental health. Course participants come from diverse backgrounds, but are not typically PSWs, who are integral team members in LTC. Responsive behaviours including verbal and physical aggression are prevalent among older adults living in long-term care homes in Canada. This project engages PSW students from Sheridan College in co-designing education that is relevant to their clinical placement in LTC and supports increasing capacity in managing responsive behaviours. The project runs May–August.

Methods: Students access the Dementia module of GPOC. Students respond to short answer and reflective questions anchored around content. Students will co-design a clinical case relevant to PSWs working in dementia care. Quantitative evaluation includes user experience, relevance to practice and pre- and post-ratings of confidence. Focus groups will be conducted after the LTC placement to discuss applicability of the learning; themes will be identified.

Results: Information from qualitative and quantitative evaluations will be used to develop PSW-specific training in the GPOC.

Conclusions: Students are rarely involved in co-design of educational activities that can impact clinical placements.

A case co-design element was warranted to ensure relevant and practical content. It is hoped this process will increase engagement of PSWs and increase confidence in managing responsive behaviours in LTC. A future plan is to use this methodology to refine content of additional modules to optimize learner engagement with the material.

Safety and Belonging for 2SLGBTQIA+ Seniors

Christopher Grondin.

Background: The intersections of ageism, homophobia, transphobia, economic disparities, and a lack of inclusive care create challenges for 2SLGBTQIA+ seniors accessing service, increasing the risk of social isolation, mental health challenges, and restricted access to healthcare. Fear of discrimination, particularly within healthcare systems, exacerbates these challenges, impacting overall well-being. Consequently, 2SLGBTQIA+ seniors often face poorer health outcomes, diminished quality of life, and heightened vulnerability to abuse.

Methods: The Golden Age Rainbow Chat, a weekly social support group for 2SLGBTQIA+ seniors, centres around engaging group discussions, knowledge sharing, and community building. Each group includes an icebreaker activity, community resource updates, discussions, and a check-out exercise. Through thought-provoking discussions on diverse topics, a supportive environment is created where 2SLGBTQIA+ seniors can build lasting relationships, develop resilience, and enrich their lives.

Results: Group member feedback, solicited through weekly checkouts, identified the following positive outcomes: reduced isolation, increased sense of belonging, strengthened social networks, and the joy of sharing life stories. Participants also reported gaining access to resources, services, and events tailored to the unique needs of 2SLGBTQIA+ seniors. The proposed poster session will also include results from upcoming evaluation measures used for this ongoing group.

Conclusions: Dedicated social programs for 2SLGBTQIA+ seniors promote a variety of health benefits, enhancing well-being and quality of life by reducing isolation, fostering social connections, promoting access to resources, and empowering participants. This poster presentation highlights the need for inclusive, affirming programs within agencies supporting seniors and provides a unique and creative framework for service delivery.

Personality Disorder: Building Skilled and Confident Care Teams

Debbie Hewitt Colborne, Emily Piraino, Heleni Singh, Kelly Davies.

Background: Behavioural Supports Ontario's Knowledge to Practice Community of Practice (CoP) brings together

educators from across Ontario who have a shared passion for building capacity and fostering knowledgeable healthcare teams in caring for older adults with complex and responsive behaviours/personal expressions associated with dementia, mental health, substance use and/or other neurological conditions. Members recognized a need for building capacity, specifically related to mental health conditions. As a result, the CoP committed to developing mental health educational packages, starting with personality disorder.

Methods: Guided by the Knowledge to Practice Process Framework (Ryan et al., 2013), the CoP developed knowledge transfer and translation tools to be used by educators and behavioural support champions, who can further support implementation of learnings. The goal was to provide educators with grab and go, evidence informed resources that would build capacity within clinical teams in various settings to skillfully and confidently care for individuals with personality disorder, and avoid compassion fatigue.

Results: In 2024, a Personality Disorder Capacity Building Package was made publicly available, including an information booklet, fact sheets, and slide decks with speaking notes. Content includes understanding personality disorder, practical approaches in caring for older adults living with personality disorder in all care settings, and strategies to promote self/team wellness. Brief surveys using QR codes were used as a feedback mechanism to evaluate the applicability and impact of the educational resources.

Conclusions: This novel capacity building package provides educators with practical tools to engage team members and enhance their care of older adults living with personality disorder.

Living the Behavioural Care Pathway and Enhancing Capacity: A Cross-Sectoral Service Coordination for Behavioural Supports in the Toronto Region

Jordanne Holland, Adrienne Lee, Andrea Iaboni, Rosemarie Sears.

Background: In the Toronto Region, patients and families affected by Behavioural and Psychological Symptoms of Dementia (BPSD) are faced with an increasingly complex healthcare system for an increasingly diverse population. In response to a growing need for navigation support, Behavioural Supports Toronto Region has implemented a network of supportive partnerships that span all sectors, resulting in a more effective Behavioural Care pathway for complex clients.

Methods: This presentation will include case studies from multiple sectors and multidisciplinary experts, illustrating how building a network of relationships can aid patient transitions through the healthcare system, and ensuring that the right care is provided at the right place, at the right time.

Results: Case Study examples of the Toronto Regional Care Pathway include: Supporting patients in transitioning out of Acute Care where multiple system gaps result in many issues in complex patients being able to safely transition out of ALC, and provision of timely services for LTC patients who need rapid stabilization to safely maintain their care in LTC.

Conclusions: This presentation aims to illustrate the utility of leveraging cross-sectoral partnerships in behavioural care. Within a constantly evolving healthcare system, establishing those relationships in creating efficient system pathways of care are more important than ever in ensuring timely access to the right services, for better outcomes in patient care and system flow.

Older Homelessness in Point-in-time Counts: Out of Sight, Out of Sample

Carolyn Horwood, Emma Mierau, Lara Nixon.

Background: The most recent Calgary point-in-time (PiT) count indicates that the percentage of older persons experiencing homelessness (OPEH) aged 45+ decreased from 43.6% of all persons experiencing homelessness (PEH) in 2018 to 26.3% in 2022 (Calgary Homeless Foundation 2022). This contrasts recent reporting suggesting OPEH across Canada increased from 61.2% of all PEH in 2018 to 66.6% in 2021 and research suggesting recent increases in older shelter use (Dionne *et al.*, 2023; Humphries & Canham, 2021). Confidence in enumeration of OPEH in homeless counts is important for clinical service provision (McDonald *et al.*, 2009). In clinical environments, tools such as the Resident Assessment Instrument-Mental Health (RAI-MH) may not comprehensively capture the needs of OPEH alone (Rios *et al.*, 2021).

Methods: Employing a case study approach, this project builds on existing work exploring experiences of aging for OPEH and a recent policy analysis by Hay *et al.* (2023). The present study evaluates existing PiT counts across Alberta, current literature, community and policy reports, key informant interviews, and knowledge-exchange consultation.

Results: Results will focus on interventions for effectively counting OPEH, such as partnerships with alternative level of care programs in provincial health services systems and extended term shelter surveys to aid in identifying precariously housed OPEH. Further, results will describe how improved approaches may elucidate more comprehensive population needs for OPEH in clinical settings.

Conclusions: Conclusions will focus on the implications of possible solutions for improved representation of OPEH in official homeless counts and clinical implications of such findings for assessing patient needs of OPEH.

“We are Together in Different Places”—Virtual Connections via Telepresence Robots in Long-Term Care

Lillian Hung, Grace Hu, Joey Wong, Haopu Ren, Nazia Ahmed, Ali Hussein, Erika Young, Annette Berndt, Jim Mann, Lily Wong.

Background: Outbreaks, visitation restrictions and staff shortages have aggravated older adults’ social isolation and quality of life in long-term care (LTC). Family members strive to balance between caring for their relatives and their personal wellbeing and family responsibilities. Research investigates innovations to support the social connections for older adults, supplementing staff effort to providing the best care for residents. Telepresence robots are tablets on wheels that enable family members remotely to control the robot and virtually connect with residents in LTC homes. This study explored the impacts and experiences of residents and their families using a telepresence robot for 4 to 12 months during the COVID-19 pandemic.

Methods: Our interdisciplinary team involves people living with dementia, family partners, frontline staff, researchers, and trainees. We used purposive sampling to recruit 9 residents, 15 family members, and 27 staff. Data were collected through interviews and observations. Thematic analysis was performed.

Results: We identified five themes: 1) Stay connected, 2) Regain autonomy, 3) Relieve caregiver burden, 4) Environmental and technical issues, and 5) Scheduling concerns.

Conclusions: The findings provide insights on the potentials for using technology to support dementia care. We offer pragmatic recommendations for implementing telepresence robots to support social connections and enhance the quality of life for residents in LTC.

Standardizing and Optimizing Information Sharing with Families and Substitute Decision Makers Prior to and During Admission to a Dementia Care Unit

Maria Hussain, Taylor Smith, Izzah Wahab.

Background: The admission process to psychiatric hospitals may cause psychological stress in patients and families, particularly in populations lacking pertinent healthcare knowledge or experience. The Canadian Institute for Health Information determined that this psychological stress may be partly attributed to a lack of information provided to families and substitute decision-makers prior to and during the hospital admission process. Resultantly, families and substitute decision-makers (SDMs) may have erroneous perceptions of both the admission process and expectations of patient health outcomes. The present initiative aims to standardize the information shared prior to and during the admission process to ensure that families and substitute decision-makers

are adequately informed of the admission process and possible patient outcomes irrespective of their familiarity with the healthcare system. Such dissemination of information is imperative as a realistic understanding of patient outcomes can enhance patient health, overall satisfaction, and adherence to treatment regimens.

Methods: The present initiative employed driver and fish bone diagrams to identify areas of need on a specialized dementia care unit prior to and during the admission process. Presently, baseline surveys are being conducted as part of the Plan- Do-Study-Act (PDSA) cycle to gather information from patient families, SDMs, and healthcare practitioners.

Results: Results from baseline and the first PDSA cycle will be presented at the conference.

Conclusions: Initial qualitative reports suggest that information provided to families and SDMs preceding admission can more adequately prepare patients and families for hospitalization.

Implementing Culturally-Informed Solutions for Addressing Geriatric Mental Health in Nepal

Molly Nealon, Amit Shrestha, Sajeeka Jeyakumar, George T Grossberg, Rishav Koirala, Barbara Kamholz.

Background: In Nepal, geriatric mental health reveals high prevalence of depression and alarming suicide rates among older adults. This study examines the unique challenges in addressing this issue and proposes culturally sensitive strategies to improve geriatric mental health outcomes.

Methods: The approach involves literature review on geriatric mental health and traditional healing practices in Nepal, coupled with ethnographic data collected in May 2023. The study will utilize pre-validated teaching modules and tools designed for medical professionals, such as the Community Informant Detection Tool (CIDT) created by Transcultural Psychosocial Organization (TPO) and Nepalese government, to train Female Community Health Volunteers (FCHVs) and traditional healers (TH).

Results: The literature review presents significant rates of depression, loneliness, and suicide among older adults in Nepal, with various socio-demographic factors correlating with depression. The current state of mental health care in Nepal is limited, with a shortage of psychiatrists and challenges related to stigma and access to care. THs and FCHVs play crucial roles in healthcare but face limitations in mental health training and resources

Conclusions: The study highlights the potential for improving geriatric mental health in Nepal through the integration of THs and FCHVs into mental health care delivery. By equipping these frontline healthcare providers with evidence-based training modules and tools, we aim to bridge the gap between existing healthcare infrastructure and the mental health needs

of older adults in rural areas. These findings suggest applicability in other cultural settings sharing similar views towards mental health, extending the study's impact beyond Nepal.

A Scoping Review on the Current Status of Diagnosis and Management of Autism in the Elderly

Jeena Khan, Shabbir Amanullah, Kuppuswami Shivakumar.

Background: Autism is a neurodevelopmental disorder and usually manifests itself in early childhood and branches out across lifespan, but being a spectrum disorder, it shows a wide range of severity of symptoms and evolves overtime. Aging can change the outlook of autism over time. With age, autism symptoms can seem to have 'reduced', yet their social functioning still suffers. While parameters for diagnosis of autism in children exist, there are limited studies on autism in elderly let alone the diagnostic criteria and interventions for autism in the elderly. Acknowledging the literature gap on autism in the elderly, this review aims to explore early diagnosis of autism in the elderly as a first step towards intervention.

Methods: We conducted a comprehensive search across several databases, including PubMed, PubMed Central, MEDLINE, CINAHL and PsychINFO to review existing literature and identify potential studies.

Results: This comprehensive work highlights the dearth of research in the area, even though there are some well conducted reviews. The importance of diagnosis and interventions in the elderly with autism spectrum disorder, is highlighted allowing better management and promotion of optimal outcomes

Conclusions: The presentation of autism spectrum disorder can be varied and studying the predominant symptoms and addressing appropriate interventions is important.

Expanding Eligibility of Medical Assistance in Dying (MAID): Impact and Viewpoints of Assessors and Providers

Alice Kong, Lilian Thorpe, Robert Weiler, Hyun Lim.

Background: Bill C-14 in 2016 legalized Medical Assistance in Dying (MAID) in Canada. Amendments in 2021 removed the reasonably foreseeable natural death (RFND) RFND criterion and anticipated the potential inclusion of sole mental disorders, posing new challenges for MAID professionals. These changes underscore the need for quality assessments, affecting diverse populations.

Methods: Utilizing a SurveyMonkey-based survey, this study analyzed responses from Saskatchewan's MAID assessors and providers to gather insights on the expanded eligibility criteria. The focus was on the perceived impact and viewpoints of professionals regarding the expansion of MAID eligibility and the supports needed for equitable care.

Results: The study identified significant challenges encountered by MAID professionals, largely due to the removal of the RFND criterion and the consideration of mental disorders as a possible basis for MAID eligibility. In the absence of outright opposition to this expansion, professionals voiced concerns over conducting assessments and providing MAID beyond the RFND guidelines, emphasizing an essential demand for enhanced training encompassing psychiatric care and holistic treatment approaches. Furthermore, the analysis illuminated healthcare providers' urgent concerns, underscoring the necessity for comprehensive educational training and more robust support systems. There was a pronounced emphasis on incorporating holistic care practices and psychiatric expertise into MAID evaluations.

Conclusions: The evolving landscape of MAID, coupled with its expanding eligibility criteria, underscores the imperative need for further research into the demographic and psychological aspects of MAID requests. This effort aims to inform future policy and training enhancements, guiding the development of a more inclusive and empathetic MAID framework.

Innovative use of Silence Disco Headphones in Long-term Care

May May Li, Yumi Wong, Lillian Hung.

Background: Silent Disco headphones allow older people to enjoy music while singing, dancing, and engaging with others for social connections. While there is documented evidence of the benefits of music for older people, less is understood about the innovative applications of technology associated with Silence Disco Headphones. This study showcases creative ways of using silent disco headphones by residents and healthcare providers in long-term care homes.

Methods: Our qualitative study employed conversational interviews with 10 older adults in long-term care, focus groups with 20 interdisciplinary healthcare providers (nurses, care aides, recreational staff), and ethnographic observations of headphone usage by older adults and healthcare providers. Data analysis is guided by the domestication theory, positing that technology users often adapt the technology creatively to suit their needs and preferences.

Results: Four themes identified: 1) meditative, 2) interactive, 3) physically active, and 4) audiovisual experiences. Meditative experiences, such as sensory rooms, combined calming sounds from the headphones with low-stimulation activities and environments. Interactive experiences brought together groups of residents in participatory activities like Jeopardy or sing-a-longs; the headphones ensured residents could hear clearly and fully engage in participation. Physically active experiences utilized music and microphones to guide residents via headphones through movements, such as chair yoga or drumming circles. Audiovisual experiences used headphones to enhance movie or concert for a more immersive experience.

Conclusions: Innovative applications of non-pharmacological interventions like the Silent Disco headphones in long term care homes promoted the well-being of older adults.

ECHO Care of the Elderly: Building Capacity and Improving Care Using the ECHO Model

Anna Akhtar Malik, Meaghan S. Adams, Shaen Gingrich, Lisa Guttman Sokoloff, Sid Feldman Devin J. Sodums, Akinkunle Oye-Somefun, Anna Theresa Santiago, David K. Conn.

Background: Baycrest, in partnership with the North East Geriatric Specialized Centre, delivers Project ECHO: Care of the Elderly (COE), a tele-mentoring program, to build capacity of healthcare providers caring for older adults in both the community and Long Term Care in Ontario.

Methods: A mixed methodology was used to analyze the survey data collected over a 6-year period from a total of 605 interprofessional learners from across the field of geriatrics. Program evaluation measured comfort level and self-efficacy working with older adults and the impact of the program on provider's clinical practice and patient health outcomes.

Results: ECHO COE led to a statistically significant increase in participants' self-efficacy, and comfort level working with older adults and those with dementia. The majority of participants changed their clinical practice based on the information they learned in ECHO COE, which also had an impact on the patient care they provided. Most of the participants who presented a case during ECHO COE were able to implement both pharmacological and non-pharmacological recommendations, and the majority also used these recommendations with other patients. Most participants shared information learned from the program with colleagues.

Conclusions: ECHO COE is an effective capacity-building education model that leads to changes in practice for health care professionals working with older adults. Adoption of ECHO COE has the potential to improve the quality of care provided to older adults.

The Canadian Geriatric Substance Use Disorders Course for Subspecialty Residents: Lessons Learned from Year 1

Olga Malinowska, Marilyn White-Campbell, Lauren Masci, Christopher Kitamura.

Background: Older adults (OAs) use licit and illicit substances with the potential for harm at high rates. Changes in OAs baseline health, slower metabolism of drugs, and changing body compositions increase risk of harms. In OAs, symptoms of SUDs may be misattributed to other medical conditions often accompanying aging. Despite their unique characteristics and treatments needs, OAs with SUDs are often overlooked in education.

Methods: We created the first ever Canadian Geriatric SUDs Course for geriatric psychiatry subspecialty (PGY5 and 6) residents. A needs assessment informed the content and format of the course. We performed a pre- and post-course assessment of experiences, knowledge, and confidence. Residents from all geriatric psychiatry training programs were invited to attend. Monthly Zoom sessions ran from September 2023 to June 2024, presented by a diverse group of experts. Each session included 30-mins of didactic teaching and a 30-minute case discussion. Core substances were reviewed, as well as special topics (e.g., driving, ethical and legal issues, EDI issues).

Results: 23 out of 25 invited residents from 10 medical schools attended at least 1 session. Attendance ranged from 9 to 14 participants (average 11). Most residents rated their baseline knowledge and confidence managing SUDs in OAs low to fair, but viewed the topic as high importance. Session and end-of-course outcomes will be presented in the poster.

Conclusions: The Canadian Geriatric Substance Use Disorders Course for Subspecialty Residents was successfully launched and well-received by participants, with positive feedback on knowledge, awareness of tools/resources, and confidence, that we expect will change practice.

The Intersection of Aging, Complex Health Needs and Precarious Housing: Exploring Current Innovations and Strategizing Solutions

Lara Nixon, Jill Alston, Theresa Conroy, Kirsten Rea, Karen Whiteman, Natanya Russek, Vivian Ewa.

Background: Co-occurring mental and physical ill-health, substance use, frailty, and social exclusion contribute to escalating housing precarity and homelessness in older Canadians. Although older adults may fall through the cracks in current health, social, and housing systems, promising, evidence-based innovations do exist. This workshop is presented by a transdisciplinary team including a peer support worker and co-researchers with relevant lived experience. Interested service providers, trainees, and planners are invited to discuss evidence, share experiences and identify priority areas for needed local and system change.

Methods: Introduction: review of evidence, drivers and impact of older homelessness, with invitation for audience input. (10-15 minutes). Large group presentation (25-30 minutes), profiling three innovative care models for older adults with complex needs and housing precarity, including in shelter, transitional and supportive housing and long term care. Break-out groups: discuss existing and potential approaches to care and system change within participants' local contexts (20 minutes). Presentation back to large group, identification of priority needs, and discussion of possible next steps (30 min).

Results: Break-out and large group discussions will be captured as summary notes to be compiled, anonymized, and

shared with participants. These may inform further local and national-level priority topics related to older adults experiencing homelessness with complex needs.

Conclusions: Through engaged knowledge exchange, this workshop will raise awareness of current, and potential future, responses to housing and care challenges faced by older adults with intersecting vulnerabilities including physical and mental ill-health, substance use, and housing precarity.

Reconnecting Older People with Experiences of Homelessness: Co-design and Evaluation of Therapeutic Recreation Programming in Harm Reduction Supportive Housing

Lara Nixon, Kearah Darr, Megan Sampson, Fadzai Moreblessing Punungwe, Theresa Conroy, Carolyn Horwood, Emma Mierau, Martina Kelly.

Background: Prolonged social exclusion while homeless, mental and physical ill-health, and substance use threaten stability for older people re-housed in permanent supportive housing (PSH). Therapeutic recreation improves sense of belonging, feelings of satisfaction and coping skills of younger people who are homeless but older people with experiences of homelessness (OPEH) are under-studied. This study evaluated the impact of co-designing and participating in therapeutic recreation programming for OPEH (>55 years) and their care providers in PSH.

Methods: Participatory action research in PSH (68 beds) with harm reduction programming for older people. Residents, staff and researchers collaborated in developing recreation programming between 2019-2022. Data collected: co-design meeting notes; participant demographics; resident quality of life (WHOQOL-Age, EQ-5D, EQ-VAS) at baseline and 18 months, program participation rates, goal-setting behaviours; and qualitative interviews with residents (n=19) and staff (n=20). Informed by theories of social recreation, qualitative data were analyzed thematically, and quantitative data reported descriptively.

Results: A resident advisory team ('The Exchange') guided program development and evaluation over 25 meetings. Program participation was high (90%); residents identified 253 goals. Individual EQ-5D domains worsened but EQ-VAS and WHOQOL-Age scores improved. Residents reported learning new skills and increased sense of connection. Staff described increasing understanding of residents' choices and behaviours.

Conclusions: Co-designing and implementing recreation programming increased community connectivity, creating social and skill-building opportunities. Trust-building and relationship nurturing were central to project success. A relational model of care was foundational to promoting health education, physical and mental wellness activities, substance use awareness, harm reduction, and social re-integration of OPEH in PSH.

Being Seen: Mask-making to Explore Identity of Older People with Experiences of Homelessness and Social Isolation

Lara Nixon, Sam Bagley, Theresa Conroy, Kearah Darr, Carolyn Horwood, Emma Mierau, Martina Kelly.

Background: Social isolation shortens older peoples' lives and reduces physical and mental health, especially for older people with experiences of homelessness (OPEH). Physical disability and mental ill-health, in turn reduce social connections and participation in community. While OPEH are a growing population, they are under-represented in aging policy and their needs align poorly with available models of care. To advocate for more inclusive policies and services, this study aims to give voice to the lived experiences of OPEH. Our research question was: 'How do you do see yourself?'

Methods: Participants were invited to 2 mask-making workshops. Data comprises the masks made, ethnographic notes (text and drawings) taken during the workshop, and reflections after the workshop by participants and co-researchers. Data were analyzed using Art Frank's narrative analysis.

Results: Two workshops, 12 participants (7 women, 5 men) aged 52-70 years, engaged in making 12 masks using diverse materials. Two themes dominated: the outer mask that participants presented to the world, and the inner mask, reflecting a story which is harder to tell. Participants described taking part in the research as enjoyable and an opportunity to meet other people in similar circumstances. Data will be presented through story, drawings, and pictures of the masks, accompanied by interpretive quotes.

Conclusions: Older people with experiences of homelessness expressed vibrant inner and outer senses of self, with strong expressions of individuality. They valued the opportunity to engage with others, share their experiences and have fun. The images created counter a dominant monochromatic discourse of OPEH as bothersome and burdensome.

Correlations Between Heart Rate Variability, Electrodermal Activity and Behavioral and Psychological Symptoms of Dementia (BPSD) in Geriatric Dementia Patients with History of Excessive Alcohol Use

Shivani Patel, Marianne Elegores, Sarah Elmi.

Background: EAU correlates with decreased HRV and increased EDA in healthy adults, leading to cognitive decline. EAU may increase dementia susceptibility, but its long-term effects on BPSD are unclear. This study examines the persistence of HRV, EDA, and BPSD changes among older adults with dementia and EAU.

Methods: Participants with dementia diagnosis and lifelong EAU history were recruited from Ontario Shores' dementia unit. BPSD were assessed using the Neuropsychiatric

Inventory Clinician rating scale (NPI-C). Physiological data were recorded using Empatica E4 wristbands, while HRV analysis used KUBIOS software. Bivariate correlations were calculated using SPSS. Bivariate correlations between NPI sub-scores, HRV, and EDA were calculated using SPSS.

Results: 28 participants were recruited (mean age: 73.4; 11 females, mean MMSE: 11.3). Statistically significant correlations were found between HRV, and NPI-C domains in the EAU group. The EAU group had correlation between standard deviation of normal beats (SDNN) and motor aberrant behaviour (Pearson's $r = 0.81$, $p = 0.004$), vocalizations ($r = 0.764$, $p = 0.010$), agitation ($r = 0.69$, $p = 0.026$), and aggression ($r = 0.73$, $p = 0.016$). Root mean square of successive differences (RMSSD) was correlated with motor aberrant behaviour ($r = 0.851$, $p = 0.002$), vocalizations ($r = 0.70$, $p = 0.024$), agitation ($r = 0.70$, $p = 0.024$), and aggression ($r = 0.70$, $p = 0.022$). EAU group had lower RMSSD ($p = 0.002$) compared to non-EAU group.

Conclusions: History of EAU is related to decreased vagal tone. In subjects with history of EAU, HRV and EDA were related to different BPSD domains.

Anti-Amyloid Drugs in Alzheimer's Disease: A Narrative Review

Will Pereira, Shanojan Thiyaalingam.

Background: Brain amyloid-beta (A β) protein deposition is thought to have a pathologic role in Alzheimer's Dementia (AD). Traditional therapeutics only provide transient cognitive improvement and do not modify disease trajectory. With the emergence of anti-amyloid therapies for AD, a strong understanding of these therapies is necessary for clinicians.

Methods: A narrative synthesis of results from phase 3 clinical trials of anti-amyloid therapies was conducted.

Results: Anti-amyloid therapies are monoclonal antibody drugs; Seven have undergone phase 3 trials. Clinical trials for Lecanemab and Donanemab consistently showed positive findings. None are approved in Canada; Lecanemab has been submitted for review. The drug's cost is approximately \$35,000/year. Anti-amyloids have been studied in early AD: mild cognitive impairment (MCI) or mild dementia. It is not recommended for patients with prior brain bleeds, immune disorders, bleeding disorders/anticoagulants, or seizures. There was 0.39-0.67 point slowing of cognitive decline on the CDR-SB 18-point scale. It does not meet the MCID of 0.98 points for MCI and 1.63 points for mild dementia. The most common side effects are infusion reactions. Symptoms include fever, chills, and blood pressure changes. It can be treated with medications. Brain edema called Amyloid-related Imaging Abnormalities (ARIA)-Edema occurred in 12.6%-24% of patients, of which 2.8%-6% were symptomatic. Findings of brain hemorrhage, called ARIA-Hemorrhage, occurred in 17.3%-31.4% of patients; a minority of patients had symptoms.

ARIA symptoms include headache, confusion, and visual changes. Frequent MRIs are needed to monitor for ARIA.

Conclusions: Current anti-amyloid drugs have a small impact on slowing cognitive decline while requiring significant monitoring and cost.

Using Shakespeare's King Lear to Deepen Formulation Skills in Geriatric Psychiatry

Mark Rapoport, Petal Abdool, Rachel Antinucci, Vanessa Thoo, Rex Kay, David Ferry, Adrienne Tan, Certina Ho.

Background: A deep understanding of patients in psychiatry requires an ability to appreciate and describe the biopsychosocial and cultural determinants of health. Great works of theatre portray a nuanced observation of the human condition, but these have not been formally evaluated in psychiatric literature as teaching tools. The purpose of this study was to deepen formulation skills in geriatric psychiatry among psychiatry residents using Shakespeare's King Lear.

Methods: Seven residents attended a half-day educational session where they interacted with four professional actors of diverse backgrounds in creating five scenes from King Lear, with faculty debriefing. Residents completed pre-and-post surveys measuring confidence on topics related to the workshop learning objectives. Three-month follow-up semi-structured interviews were conducted with all 7 participants.

Results: There was statistically significant improvement in resident self-perceived confidence in biopsychosocial formulation [Mean(2.86), SD(0.69) pre vs. Mean(3.86), SD(0.90) post, $t(6)=3.24$, $p=0.018$], in describing the role of ageism and stigma [Mean(3.14), SD(0.90) pre vs. Mean(4.00), SD(1.00) post, $t(6)=3.286$, $p=0.017$], and in recognizing cultural issues relevant to older adults [Mean(3.00), SD(0.58) pre vs. Mean(3.86) SD(0.69), $t(6)=2.521$, $p=0.045$]. Emerging themes from the semi-structured interviews included the importance of contextualizing and taking a holistic approach to formulation. This experience was regarded as unique, helpful to practice, and was recommended by all residents to be included in their program moving forward.

Conclusions: These results demonstrate the significant impact of a medical humanities intervention using live performance of ancient text on residents' confidence in formulation, and in recognizing cultural factors and ageism in geriatric psychiatry.

Feasibility and Acceptability Study of Implementing a Collaborative Service Robot in Long-term Care: Staff Experiences

Haopu (Lily) Ren, Karen Lok Yi Wong, Julia Banco, Katherine Davies, Arisa Kinugawa, Milena Jankovic, Patricia Chin, Lillian Hung.

Background: In long-term care (LTC) setting, staff is responsible for addressing complex needs from people living

with disabilities. Service robots with advanced intelligence capabilities can offer personalized service for LTC residents and empower the staff with efficient support. Though emerging studies focus on service robots, their implementation in LTCs is under-investigated. Our study aims to explore the feasibility and acceptance of implementing a service robot from LTC staff perspective.

Methods: We deployed a collaborative service robot, Aether, in a LTC home in British Columbia. In this qualitative study, we embraced Collaborative Action Research (CAR) principles to collect data. We used purposive sampling to recruit interdisciplinary staff, and conducted pre- and post-intervention semi-structured focus groups and interviews with three staff members and an operation manager. Thematic analysis was informed by the Consolidated Framework for Implementation Research (CFIR).

Results: Three themes were identified: 1) Training and Staff Engagement; 2) Robot Features; and 3). Environmental dynamics. Three facilitators, acronymized as AETHER, are: 1) Appropriate Engagement and Training; 2) Helpful robot features; and 3) supportive Environment and Resources. Three barriers emerged are: 1) Constraints in training; 2) Non-customized robot design; and 3) insufficient resources and structural supports.

Conclusions: Our results underscore the imperative of structural support at micro-, meso- and macro-levels for staff in LTC to effectively implement technology. This study contributes to future research and practice by elucidating factors facilitating staff involvement in technology research, integrating staff voices into technology implementation planning, and devising strategies to provide structural support to staff, care teams, and care homes.

Rapid Onset Dementia (ROD): Cerebral Amyloid Angiopathy (CAA) Mimicking Variant Creutzfeldt-Jakob disease (vCJD): A Case Report

Manroop Sahota, Marcus Allan.

Background: The variant Creutzfeldt-Jakob disease (vCJD) is gaining awareness for its unique onset of psychiatric features and presentation of behavioural and psychological symptoms of dementia (BPSD) in its early stages. Although evidence of neurological symptoms is among the foremost focus in the arrival of a differential diagnosis of CJD disease, emerging cases reveal psychiatric symptoms may appear solely at first.

Methods: Due to the rapid onset and progression of our patient's presentation, a differential diagnosis of Creutzfeldt-Jakob disease was explored and partially supported by diagnostics. The diagnostic workup included imaging, neurophysiological testing, blood work, a lumbar puncture, and regular physical exams and assessment of cognition.

Results: For example the most sensitive and specific marker, real-time quaking-induced conversion (RT-QuIC), was

positive however other findings consistent with CJD, such as electroencephalography (EEG), magnetic resonance imaging (MRI), and cerebral spinal fluid (CSF) analysis of markers for CJD including total Tau, protein 14-3-3, and autoimmune encephalitis antibodies, and paraneoplastic antibodies being negative. Clinically there was no dramatic functional decline over 7 months which would not be consistent with CJD, and working in collaboration with behavioral neurology it was determined that her case represented a manic of CJD, specifically CAA.

Conclusions: These findings are consistent with previous results which indicate total Tau as an important marker for CJD (can help rule in mimics), however our case also demonstrated that some mimics may also have a positive RT-QuIC without other significant diagnostic markers.

Transforming the Integrated Psychogeriatric Outreach Program (IPOP) to Enhance System Capacity to Support Geriatric Mental Health in the Community

Suzanne Saulnier, Sophia Ho, Daniella Minchopoulos, Sarah Ehsan, Hazel Desamito-Kathuria.

Background: IPOP is an award-winning geriatric mental health outreach team that supports seniors living in the community by completion of a comprehensive psychogeriatric assessment, treatment planning, education, and short-term follow-up, and access to Geriatric Psychiatry. In 2019, LOFT became the new service provider for IPOP and made numerous changes to the service delivery model to achieve better outcomes for seniors living in the community.

Methods: Multiple enhancements that were made included: Changing to a multi-disciplinary team inclusive of NP, OT, RN and Social Work; Moving away from a stipend for Geriatric Psychiatry home visits, to a fully virtual model of Geriatric Psychiatry consultation using OTN; Allowing for short-term follow-up of clients within the IPOP team; Negotiating a formal MOU to allow an immediate warm hand-off for ongoing Seniors Case Management provided through CMHA and other LOFT programs; Establishment of a Community of Practice, inclusive of all partners to increase evidence-based knowledge and capacity building; Guiding all services within evidence-base practice through the implementation of Best Practice Guidelines.

Results: The IPOP team has been able to serve more clients, increase timely access to appropriate care in the community, decrease wait times for access to Geriatric Psychiatry and Seniors Case Management and reduce avoidable ER visits.

Conclusions: The poster will present the evolution of IPOP and assist others in how to replicate a similar program with cross-sector collaboration to achieve a much needed community-based geriatric mental health community outreach team.

Mitigating the Impact of Loneliness in Older Adults (MILOA) with Mindfulness—Acceptability of the Muse Meditation App

Allison B. Sekuler, Nicole D. Anderson, Morris Freedman, Nasreen Khatri, Linda Mah, Gibbs Jr Ollivierre, Konka Paul, Eugenie Roudaia.

Background: Loneliness is recognized as a modifiable risk factor for depression and dementia in older age. Validated interventions are needed to mitigate the impact of loneliness in older adults. Mindfulness meditation is known to reduce depression and may also affect cognition. While many meditation apps are available and accessible, more research is needed to evaluate these tools in older adults. Muse is a meditation app that analyzes brain signals during meditation and provides users with real-time neurofeedback on their state of mindfulness.

Methods: We conducted a pilot, randomized controlled trial to establish the acceptability of a mindfulness intervention using Muse in older adults and to determine the feasibility of a remote study evaluating the impact of the intervention on mood and cognition. Twenty six older adults (21 women) who reported feeling lonely were enrolled and randomized to engage in Muse-based meditation (MM) or in an active control for eight weeks. The MM group completed mind meditation sessions (with real-time neurofeedback) and traditional guided meditation sessions. The control group completed brain training (BT) on the Peak app and listened to podcasts. Assessments were taken at Pre, Mid, Post, and after a 2-month and 4-month follow-up period.

Results: Retention in the MM group was 100%, with 83% and 74% adhering to the recommended regimen of mind and guided meditations, respectively. Mean satisfaction was 78%. Qualitative feedback about both programs will be presented.

Conclusions: A Muse-based mindfulness intervention is acceptable for older adults. A large-scale trial to evaluate the effect of this intervention is warranted.

Working With What You Have: Enhancing the Environment to Positively Affect Patient Behavioural Outcomes on a Psychogeriatric Inpatient Unit

Magdalena Stapinski, Ifat Witz, Marcus Allan, Jessica Lepine, Jenifer Reid, Kendra Seymour, Sheri Wiedrick, Katelyn Bouffard.

Background: The Horizon Program for Geriatric Psychiatry at Waypoint Centre for Mental Health Care provides specialized services for individuals 65 years of age or older with signs and symptoms of a psychiatric disorder, dementia and other co-morbidities. The unit also provides specialized services for individuals under 65 years of age diagnosed with Alzheimer's and/or other major neurocognitive disorders.

Methods: A quality improvement team (QIT) was established to reduce physical and verbal expressions of risk behaviours by patients towards self and others on the unit. The QIT undertook extensive research, and quality improvement opportunities were conceptualized, implemented, and evaluated. The overall focus of the QIT team was to improve the physical environment, advance the quality of care and quality of life for our patients that is aligned with evidence-based practice, and to foster a safe and healing space for patients, families, and staff.

Results: The work of this initiative resulted in significant changes that furthered a more positive environment for front-line workers and improvement in the quality of patient care for patients. For example, the wall colours and furniture were replaced, and beautiful murals were introduced. A staffing skill-mix change resulted in an expansion of non-pharmacological interventions into evening and weekend programming. Recreational and functional activities were reinstated and newly introduced. The overall goal of the Horizon program is to be a “Centre of Excellence” in geriatric psychiatry care, and with the implementation of this initiative, we are one step closer.

Conclusions: In future, the QIT intends to evaluate the impact of the changes implemented.

Transitional Pathways on the Dementia Journey: From Acute to Long-Term Care

Vanessa Thoo, Leslie Giddens-Zuker, Amy Cockburn, Katelyn Reynolds, Andrea Iaboni.

Background: The behavioral and psychological symptoms of dementia can make it challenging for individuals and their families to navigate the healthcare system. Continuity of care, particularly during times of transition, is essential in ensuring both patient and staff safety, while attending the physical and emotional needs of the patient.

Methods: We will discuss the journey of a patient through the various programs and systems of care, along with discourse around an interdisciplinary approach in developing a management plan for these patients to optimize overall quality of life.

Results: This is a review of current care pathways in navigation between the community, acute care and rehabilitation units, and long-term care outreach, involving geriatric mental health outreach (GMHOT), the virtual behavioral medicine program (VBM), geriatric consultation-liaison, and the Specialized Dementia Unit (SDU) at the Toronto Rehabilitation Institute (TRI).

Conclusions: The burden of non-cognitive symptoms of dementia can lead to significant distress in patients and their caregivers, as well as on staff within various care environments. Continuity of care and handover between teams is essential in optimizing outcomes and wellness in patients with dementia.

Efficacy and Suitability of Virtual Cognitive Behavioral Therapy for Insomnia Group in Older Adults: A Retrospective Review

Kurtis Thornhill, Julia Curtis, Christopher Earle.

Background: Insomnia is a prevalent among older adults, an estimated 50% of older adults with psychiatric disorders report difficulty initiating or maintaining sleep. Cognitive Behavioral Therapy for Insomnia (CBT-I) is an effective, efficient and safe intervention for insomnia; however, access remains a challenge, particularly in remote or underserved areas. This retrospective review aims to assess the suitability and efficacy of a scalable virtual group CBT-I program in older adult participants.

Methods: Data from a general adult virtual CBT-I program was analyzed. Participants aged 65+ were compared to other age groups regarding registration rates, completion rates, and treatment outcomes. Outcome measures included prospective sleep diaries (total sleep time, sleep efficiency, sleep latency), as well as pre- and post-treatment scales assessing insomnia severity, depression, anxiety, and general function. Qualitative feedback from program questionnaires, and other patient feedback, was reviewed.

Results: Results of this analysis will be presented at the conference, with a focus on highlighting differences in treatment access, completion, outcomes, and program satisfaction between older adults and other age groups. Preliminary outcome data and participant feedback indicate suitability and efficacy of this virtual group intervention for older adult participants

Conclusions: These findings underscore the potential of virtual group CBT-I as a scalable and effective solution for addressing the sleep needs of older adults, particularly in regions with limited access to specialized sleep services. Such interventions have the propensity to improve access to and capacity for evidence-based and effective insomnia treatments.

Barriers to the Use of Clozapine in Severe and Persistent Mental Illness in Older Adults

Jeremy Lau, Lisa Van Bussel.

Background: As Canada’s population of older adults grows, the population of older adults with severe and persistent mental illness (SPMI) including schizophrenia continues to grow. Clozapine has been considered the most effective antipsychotic treatment for patients with treatment-resistant schizophrenia (Parkes *et al.* 2022), however, clozapine’s adverse effects influence prescribing practices and medication adherence (Wagner *et al.* 2021). Additionally, there is a paucity of research evaluating factors that lead to discontinuation of clozapine in older adults.

Aims: To review and evaluate the available literature regarding the barriers impacting the use of clozapine in the older adult population with SPMI

Methods: A five-stage scoping review methodology according to Arksey and O'Malley (2005) was used to systematically identify and select relevant articles.

Results: Our initial search yielded 1240 articles, of which 27 articles were selected. Barriers identified by these studies included side effects such as sedation, orthostasis, delirium and leukopenia, patient nonadherence and poor symptomatic response.

Conclusions: The barriers to using clozapine in older adults are not well understood due to the frequent exclusion of this population from studies and lack of detailed documentation on reasons for stopping treatment. Key challenges include side effects such as leukopenia and sedation, and the burden of bloodwork contributing to nonadherence. Future research should focus on improving documentation and exploring patient-centred factors.