



STRENGTH-BASED APPROACHES FOR MENTAL WELLNESS IN SENIORS AND ADULTS WITH DISABILITIES

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Background

- Burgeoning of older adult population
- Mental health issues in older adults include: depression, anxiety disorders, dementias (with possible psychotic features) and addictions
- Adults with disabilities may experience mental illness

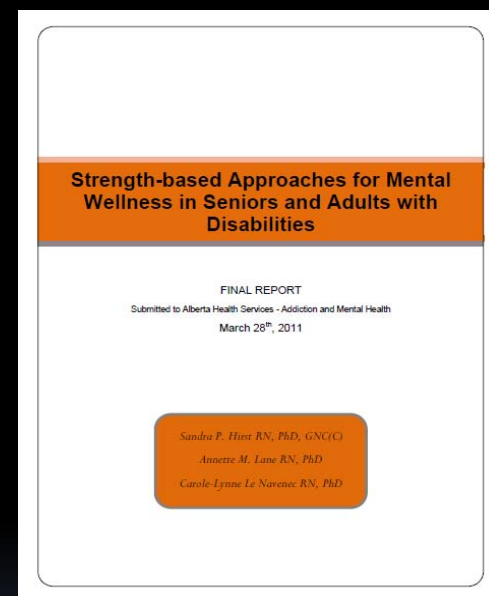
Issues in treatment

- Older adults with mental illness and adults with disabilities often experience delays in treatment (transportation issues, lack of age appropriate services, lack of knowledge about age appropriate services)
- Lack of coordination among various sectors of health and human services



Purpose of Report

- To identify emerging and innovative strength-based approaches to mental wellness in older adults and for those with a disability



Research Questions



1. How have strength-based approaches been defined for older adults with mental illness and for adults (18 years and older) with a disability who may or may not be experiencing mental illness?
2. What strength-based research has been done and is being done in general and specific to older adults with mental illness and adults with a disability?



3. What does the research say?
4. What evidence based mental health and strength-based best practices are relevant to an examination of older adults with mental illness and adults with a disability who may or may not be experiencing signs of mental illness?




5. What are the implications of this research and related literature findings for Alberta?




Methods

- A literature review was conducted of four major data bases + hand search 1995 to 2011
- Searched on: disability, seniors, aging, mental health, best practices, and strength-based approaches.
- Seventy five (75) articles/reports/research studies were identified and reviewed.
- More details in report at www.MentalHealthResearch.ca



How have strength-based approaches been defined? (Question 1)

- A strength-based approach is a manner of working with individuals, families and organizations rooted in the belief that people:
 - have existing competencies;
 - have resources and are capable of learning new skills and solving problems;
 - can use existing competencies to identify and address their own concerns; and
 - can be involved in the process of discovery, healing and health.
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- Strength-based approaches an alternative to those that are deficit based
- Strength-based practitioners collaborate with adults to uncover strengths; assumption is that adults have unique talents and skills that can help in addressing areas of concerns


Strength-based approaches include:

- Practitioner perspectives for working with individuals and families
- Assessment tools
- Specific interventions targeted to particular populations
- Models



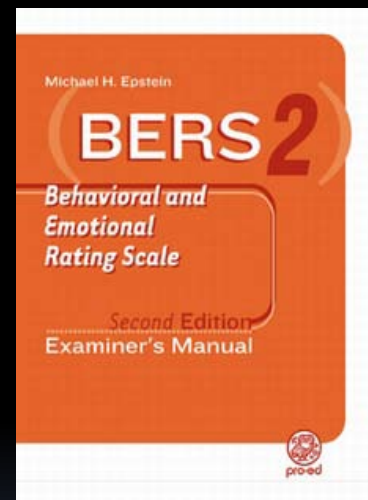




Differentiation between approaches, interventions and models

- Approaches – broad based philosophies for individual practice (often seen in family therapy)
 - Interventions: specific to individuals or dyads
 - Models: Strength-based approach that may be applied to communities and bridges across specific populations
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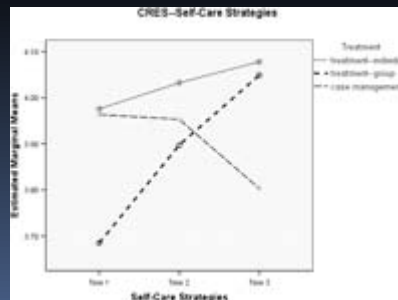
Strength-based assessment tools

- BERS (Behavioural and Emotional Rating Scale (Epstein & Sharma, 1998) and BERS-2 scales.
 - Perhaps the most researched and widely used strength-based assessment tool.




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- Developed to measure strengths of youth and changes over time.
 - Scale revised in 2004 to include Parent Rating Scale and Teacher Rating Scale
 - Note: Its use with adults remains largely unexplored.
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- Care-Receiver Efficacy Scale (CRES) (Cox et al., 2006)
 - Assesses self efficacy in older adults who are care-receivers.
 - Scale developed in order to fill need for an efficacy scale in older adults, and to assist in the measurement of strength-oriented approaches that are designed to increase self efficacy in older adults







Strength-based interventions

- Designed to enhance strengths of particular populations. Examples include:
 - Person-centred later life planning program (Heller, Factor, Sterns & Sutton, 1996). Utilized to examine the effectiveness of a training program for older adults with mental retardation.
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- Acquiring New Skills While Enhancing Remaining Strengths (ANSWERS): For dyads coping with mild to moderate dementia.
 - Guided curriculum to teach dyads about dementia, communication, recognizing emotions and behaviours, etc.)


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- Functional-age model of intergenerational treatment
 - Is a model that balances the older adult's functional abilities with the demands of the environment
 - Note: this falls within an intervention as it is meant for dyads, rather than being community based.

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- Vital Involvement Practice (VIP) (Kivnick & Stoffel, 2005).
 - Involves tailoring individual care plans to:
 - a) Systematic identification of individual strengths and assets (including environment)
 - b) Consideration of strengths in relation to individuals and environment



Strength-based Models

- Appreciative Inquiry
 - Originally developed to facilitate organizational change but has since been applied to facilitation of health changes (Moore & Charvat, 2007)
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- AI involves four inquiry stages:
 - 1) “discover” what works;
 - 2) “dream” or imagine the ideal system and potential in the future;
 - 3) “design” a plan to achieve that ideal system;
 - 4) “deliver” by putting into action the designed process.



- Capacity Building/Asset-based Community Development

- Capacity building involves harnessing the talents and skills of every member of a community




- Quality of Life (QOL)
 - Multi-faceted concept encompassing macro societal and socio-demographic influences, as well as micro concerns, such as individuals' experiences, social circumstances and health.






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- QOL has 5 key elements: catalyst, antecedents, mechanisms, response and perceived QOL.
 - Of these 5 elements, mechanisms refers to such things as coping strategies, seeking social support, reframing expectations, etc. All of these can lead to a change in perceived QOL.
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- Resiliency

- No consensus on what pre-conditions are necessary to support the development of resiliency
 - Researchers agree that some form of protective factors are necessary to allow an individual to develop resiliency in the presence of chronic illness or severe stress.
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- Solution Focused Therapy
 - Intentional emphasis on constructing solutions rather than solving problems.
 - Individual/family assisted to imagine a preferred future and then to discuss the steps necessary toward making this preferred future a reality.
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What strength-based research has been and is being done in general with older adults and adults with a disability who may or may not be experiencing mental illness? (Q 2)

- While body of strength-based research growing, still need for much more research.
- At present, some research reports are case study based or offer hypothetical case studies (family work).


- Some research examines psychological traits that promote mental well-being in older adults or strategies (such as internet training) to maintain sense of well-being.
- Other research focuses on evaluation of specific interventions to improve health knowledge (e.g. computer training or educational sessions).




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- Studies examining specific interventions to aid choice in adults with severe disabilities or enhance functioning in dementia caregiver-care receiver dyads.
 - Overall, a dearth of research that examines strength-based approaches with older adults with mental illness or adults with disabilities.


What does the research say? (Q3)


- Research indicates that strength-based approaches are effective....
- However, methodologically, there is little ability to compare studies, as research examining strength-based occurs across diverse populations, and is conducted with different methodologies


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- Research on strength-based approaches with specific populations often predicated on participants having INTACT cognition and communication skills.
 - Research examining strength-based approaches with older adults with mental illness or adults with disabilities is very limited.




What evidence based mental health and strength-based best practices are relevant to an examination of older adults with mental illness and adults with disabilities? (Q4)


- Emerging evidence base supports efficacy of wellness based interventions for older adults with mental illness and for adults with a disability
 - 3 primary sources of evidence for clinical practice: evidenced based reviews, meta-analyses and expert consensus statements.
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- Most extensive research support found for effectiveness of pharmacological and psychosocial interventions for depression in older adults and dementia.
 - Empirical support also found for effectiveness of community-based interprofessional, geriatric mental health teams.

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- Barriers exist in implementing evidence based practices in promoting strengths for these populations (such as changing from traditional models of education to models of education that actively involve learner and system changes involving introduction of decision support technologies, etc.)



What are the implications of this research and related research for Alberta? Q5

- Research suggests changes on multiple levels
 - Practice level: Education for professionals in community, hospital and long-term settings – Professionals may assume that they are working from a strength-based approach, and may not actually be doing so.
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- Funding: Consideration of funding support for strength-based research and strength-based programs.
 - Policy level: Consider educating policy makers on how to write policies that encourage a strength-based orientation.


(See Rapp, Pettus & Goscha, 2006 in Appendix A of report).


- Importance of examining current policies for their impact on older adults with mental illness and on adults with disabilities. Are these policies either neutral to these population groups, or do they impact these individuals in a positive manner?





Recommendations

- Develop and adopt a standard framework for developing services and programs to help compare types and amounts of services across the province.
 - Standardized elements that constitute a strength-based approach
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- Encourage and support research on strength-based approaches in assessment, interventions and program evaluations.
 - Consider a re-examination of the funding system so that strength-based approaches given due consideration

- Selection of strength-based model(s) should be based upon characteristics that the health care delivery organization believes are consistent with its own mission and mandate.





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