**STOP in LTC Homes/INTREPID Teleconference: Monday, February 5, 1:00-2:00 pm**

# Land Acknowledgment:

* Identify the land you are joining us from today ([**https://www.whose.land/en/**](https://www.whose.land/en/))
* Video: [Bringing meaning and purpose to land acknowledgements](https://www.facebook.com/CentreforAddictionandMentalHealth/videos/bringing-meaning-and-purpose-to-land-acknowledgements/759567845184040/)

# TEACH Updates:

* Educational rounds: [Improving Cessation Outcomes within Black Communities in the Greater Toronto Area](https://www.nicotinedependenceclinic.com/en/teach/Pages/TEACH-Webinars.aspx) (February 21)
* Educational rounds: [STOP Program in Long-Term Care](https://www.nicotinedependenceclinic.com/en/teach/Pages/TEACH-Webinars.aspx) (March 20)
* All past recordings can be found on the [TEACH Project’s YouTube channel](https://www.youtube.com/playlist?list=PLmLKlp1R6077gOXIyxwToXAZbVrG7GnZx&si=qFcnoYjnQF6h7e6m)
* [Self-study courses](https://teach.camhx.ca/moodle/)

# STOP Updates:

# Fundamentals of Tobacco Interventions – Geriatric Considerations Module

You can register here: <https://edc.camhx.ca/redcap/surveys/?s=NAJWLMMDK79CPPEM>. The registration form can also be accessed through our Implementer Resources page: <https://www.nicotinedependenceclinic.com/en/stop/ltc-implementer-resources>.

# STOP Drug Accountability Logs

# \* Reminder to place orders for about 2 months for your residents and just one order is needed (not separate orders for each type of NRT).

# \* Reminder that the current balance of your physical stock should be the number on the far right column.

# \* Please only have one item per row on the DAL – i.e. if receiving NRT, then the right side, except for the balance of NRT column on far right, should be blank.

# Please remember to share the Drug Accountability Log by either uploading or scanning it and emailing to stop.ltc@camh.ca.

# January – Alzheimer’s Awareness Month

# CAMH developed an Aging and Mental Health Policy Framework (attached to minutes) which outlines how governments and decision-makers can prioritize and further support those living with mental illness or dementia and their care providers.

Here are a few principles and recommendations outlined within the Aging and Mental Health Policy Framework:

1. ***Older adults must have access to evidence-informed mental health treatment.***This includes recommendations such as routine check-ups for older adults to prevent common mental illnesses, providing care providers and older adults with educational tools and training, and ensuring all older adults have access to holistic mental health care.
2. ***Older adults with mental illness and dementia (as well as their caregivers) should receive the care and supports they need to live safely and with dignity in settings of their choosing.***Older adults should be able to choose where they live while accessing high quality home or community care, as well as have access to supportive housing options for those living with serious and persistent mental illness.
3. ***Equity, diversity and inclusion must be embedded in all mental health and dementia treatment, care and supports for older adults.***To support all older adults, mental health care and treatment needs to be culturally appropriate and provided in inclusive and welcoming environments. Indigenous, Black, racialized and 2SLGBTQ+ older adults should receive mental health care from providers that are trained in anti-oppression, anti-racism and cultural competency training
4. ***Policy, programs, and practices should support mentally healthy aging.***Older adults should be supported and encouraged to seek mental health care when they need it. Sufficient funding is needed to support affordable housing, programs focused on addressing social isolation and loneliness, and age-friendly communities across Canada.
5. ***Governments at all levels must prioritize and invest in seniors’ mental health and wellness.***An often-overlooked aspect of mental health care is research within older adult populations. This policy framework recommends more research within suicide prevention and digital health care in older populations. All these recommendations (and more within the Aging and Mental Health Policy Framework) will support older adults in aging mentally healthy.

**Dementia Did-You-Know's:**

* ***DYK? It is expected that 1 in 5 Baby Boomers will develop dementia in their lifetime.***20% is a significant number. We need to ensure that we are investing in and supporting our aging population while they care for and treat mental illness.
* ***DYK?******There are various forms of dementia, but the most common is Alzheimer's disease which contributes to about 60-70% of all cases.***That's why CAMH researchers are leading numerous research initiatives that are looking specifically at later life mental illness and dementia! Learn more about CAMH research
* ***DYK?******In Canada, there are currently no approved therapies to stop or delay the progression of Alzheimer’s dementia, which is why prevention continues to be so important.***
A significant proportion of dementia risk is modifiable by interventions across the life span such as physical activity, intellectual and social stimulation, improved diet, control of vascular risk factors, and avoiding substance use problems such as alcohol. Dementia research in these areas has been a major focus of scientific study in the recent past.
* ***DYK? Social isolation and loneliness increase the chances of someone being diagnosed with dementia.***About 30% of Canadians are at risk of social isolation and older adults with mental illness and dementia, those living in poverty, Indigenous seniors and 2SLGBTQ+ older adults are more at risk than their peers.
* ***DYK? CAMH researchers are investigating how to prevent or delay dementia and improve quality of life for people at risk.***CAMH researchers have discovered many promising results from their studies, opening more possibilities for treatments to dementia in the future. Learn more about CAMH discoveries at [**https://www.camh.ca/en/science-and-research**](https://www.camh.ca/en/science-and-research)

General Q&A:

# Q: I have canvassed our smokers and many are not interested. What strategies are working for folks?

A: Suggestions from other implementers:

* One home responded by discussing rules and had clients vocal about not quitting; home discussed harm reduction and reducing smoking as a strategy
* Not all residents like to attend - around 3 out of 7 residents
* One home mentioned they had active case where a client want to decrease and not quit fully
	+ Reminder to residents that the STOP Program goal is not always quit but to reduce risks and management withdrawal symptoms
* Residents with cravings at night, when they cannot go outside or to a smoking room, can be supported with NRT (i.e. lozenges which are short-acting)

If not already completed the training, there are motivational interviewing tips in the Fundamentals of Tobacco Interventions training (link on implementer resources page) and tips for LTCH specific scenarios in the Geriatrics Considerations module

**Q: I have a resident transferred from hospital on NRT. Can I start them on the STOP program if they were already receiving NRT elsewhere?**

A: Definitely. The goal of STOP is to support residents in every way, be that as a new attempt at quitting or reducing, or maintaining their reduced nicotine intake and managing their withdrawal.

Reminder that if ordering just for a small number of residents, the patches have a shorter expiry date so be mindful of quantities when ordering.

News:

* <https://news.ontario.ca/en/release/1004135/ontario-training-thousands-of-new-long-term-care-staff>
* [Extroverts find a way to navigate Alzheimer’s – but this makes it harder to diagnose](https://uk.news.yahoo.com/extroverts-way-navigate-alzheimer-makes-200000956.html?guccounter=1)

# [A meta-analysis study on the association between smoking and male pattern hair loss](https://onlinelibrary.wiley.com/doi/10.1111/jocd.16132)

### Resources:

**STOP Practitioner Resources Webpage**:

[**https://www.nicotinedependenceclinic.com/en/stop/ltc-implementer-resources**](https://www.nicotinedependenceclinic.com/en/stop/ltc-implementer-resources)

# 2023-24 teleconference schedule:

|  |  |  |  |
| --- | --- | --- | --- |
| ~~October 2~~ | ~~November 6~~ | ~~December 4~~ | ~~February 5~~ |
| March 4 | April 1 | May 6 | June 3 |

# Attendance

# Banwell Care Gardens

# Castleview Wychwood

# Cummer Lodge

# Eatonville

# Fairhaven

# Fudger House

# Lakeside