



# **The Canadian Coalition for Seniors' Mental Health (CCSMH)**

## **ANNUAL REPORT January – December 2009**

**Prepared by the Canadian Coalition for  
Seniors' Mental Health**

## CANADIAN COALITION FOR SENIORS' MENTAL HEALTH (CCSMH) BACKGROUND INFORMATION

**Mission:** To promote the mental health of seniors' by connecting people, ideas and resources.

**Value Statement:** *Mental illness is not a normal consequence of aging. All seniors have the right and deserve to receive services and care that promotes their mental health and responds to their mental illness needs. CCSMH initiatives are based on this belief and also recognize that seniors...*

- ❖ *Range in age (65 – 100+)*
- ❖ *Live in a variety of community and institutional settings*
- ❖ *Reside in all Canadian provinces, territories and within both urban and rural settings*
- ❖ *Are diverse in terms of their culture, religion, ethnicity, socioeconomic status, ability and sexual orientation*
- ❖ *May experience lifelong mental illness or acquired mental illness after age 65*
- ❖ *Require care to both prevent and respond to their mental health and wellness needs*
- ❖ *May respond to both medical and/or psychosocial models for prevention and care*
- ❖ *Mental health issues may include a wide array of illness including mood, anxiety, addictions and psychotic disorders, in addition to the emotional, behavioural and cognitive complications of a variety of brain diseases such as Alzheimer's Disease and Parkinson's Disease*

**CCSMH Working Principles:** Our actions and decisions are guided by:

- ❖ Collaboration / Multidisciplinary Inclusiveness
- ❖ Effectiveness
- ❖ Transparency / Accountability
- ❖ Integrity

**Strategic Priority Areas:**

- ❖ Public Awareness & Education
- ❖ Research
- ❖ Promoting Best/Promising Practices in Assessment, Management and Treatment
- ❖ Advocacy
- ❖ Caregiving

Strategic Goals	Strategic Objectives
<b>1. To ensure that seniors' mental health is recognized as a key Canadian health and wellness issue</b>	1.1 To represent and advocate for seniors' mental health issues at a national level
	1.2 To facilitate initiatives that create a strong seniors' mental health research agenda
	1.3 To develop, facilitate and disseminate public and professional awareness of seniors' mental health issues
<b>2. To facilitate initiatives related to enhancing &amp; promoting seniors' mental health resources</b>	2.1 To provide opportunities for exchange and transfer of knowledge
	2.2 To co-ordinate working groups for the creation of usable educational tools and resources
<b>3. To ensure growth and sustainability of the CCSMH</b>	3.1 To increase membership and collaborative partnerships at national, provincial, territorial and local levels
	3.2 To achieve operational and project funding
	3.3 To work with and support seniors' mental health leaders and champions across the country

## SUMMARY OF STRATEGIC INITIATIVES

*Since its inception in 2002, the CCSMH has not only grown substantially in number but also has accomplished strategic initiatives and project activities in the following areas:*

### **Strategic Initiative: National Guidelines Project**

Since 2005 the Canadian Coalition for Seniors' Mental Health (CCSMH) has been active in the facilitation of the creation of National Guidelines for Seniors' Mental Health. Since their release in May 2006, the CCSMH has been focused on the dissemination and implementation of the guideline recommendations into practice. The project background and history can be found in Appendix I.

### **National Guideline Project: Dissemination and Implementation Phase**

In, September 2007 the CCSMH received additional funding from the Public Health Agency of Canada, Population Health Fund to move forward with the "CCSMH Guideline Project: Dissemination and Implementation Phase." Funding for this project expired March 2009.

#### Project Goal and Objectives

The overall project goal is to further enhance dissemination and to define a set of activities designed to implement and evaluate the CCSMH National Guidelines. Objectives of the project include:

1. To maintain and enhance awareness and accessibility of the guidelines
2. To support the transfer of knowledge and uptake of guideline recommendations through the facilitation of the projects focused on guideline implementation
3. To monitor and evaluate the implementation and use of the guidelines across disciplines, provinces and stakeholder groups
4. To share the 'lessons learned' from the pilot projects and create a guideline implementation knowledge transfer toolkit.

#### *CCSMH Pilot Sites*

Given that there are multiple ways to implement the guidelines across all sites and teams given the variations that exist across Canada, the CCSMH engaged in seven separate pilot projects, which will provide new knowledge on implementation of the guidelines. These included:

*Pilot 1:* Dr. Sid Feldman, working with a multidisciplinary team at Baycrest Geriatric Health Care System, has proposed implementation of long term care home recommendations in two separate units within the nursing home.

Project title:	Implementation of the Long Term Care Home Guideline at Baycrest
Guideline Focus:	The Assessment and Treatment of Mental Health Issues in Long Term Care Homes (Focus on Mood and Behaviour Symptoms)
Discipline:	Multiple disciplines including: family medicine, nursing, social work, occupational therapy, psychiatry, personal support workers, education department
Region:	Ontario

*Pilot 2:* Dr. Ken Le Clair, Ms. Kathy Baker and Ms. Salinda Horgan, working with the Ontario Task Force, have proposed implementation of the long term care recommendations through the Psychogeriatric Resource Consultants and their individual regional networks.

Project title:	Ontario National Best Practice Guidelines Knowledge, Awareness, and Utilization Projects for Long-Term Care Homes
Guideline Focus:	The Assessment and Treatment of Mental Health Issues in Long Term Care Homes (Focus on Mood and Behaviour Symptoms)
Discipline:	Nursing, Social Work, Personal Support Workers, Physicians, Psychiatrists
Region:	Ontario

*Pilot 3:* Dr. Marnin Heisel, Dr. Sharon Moore, and Dr. Martha Donnelly, working with the London Health Sciences Centre (LHSC) Geriatric Mental Health Outreach Service, the Centre for Suicide Prevention and the Canadian Association for Suicide Prevention, have proposed to implement recommendations from the Suicide Guideline through the use of an interactive toolkit, based on the program developed by the Centre for Suicide Prevention. Additional support has been established for this initiative with partners in Quebec.

Project title:	Detection and Assessment of Suicide Risk, and Prevention and Intervention of Suicide: An Ontario, British Columbia, Alberta Partnership to Implementation
Guideline Focus:	Assessment of Suicide Risk and Prevention of Suicide
Discipline:	Multidisciplinary geriatric mental health outreach team including: Psychiatry, Nursing, Social Work
Region:	Ontario, Alberta, British Columbia, Quebec

*Pilot 4:* Dr. Pierre Allard, Dr. Susan Brajtman, and Dr. Pierre Gagnon, (members of New Emerging Teams (NETs) in Palliative Care: Optimizing End-of-Life Care for Seniors; Developing, Evaluating, and Implementing New Interventions in Palliative Care) have proposed a collaboration with the CCSMH to implement the Delirium guideline recommendations specific to the field of palliative care.

Project title:	Adapting The Canadian Coalition for Seniors' Mental Health <i>National Guidelines on the Assessment and Treatment of Delirium in Seniors</i> for Implementation and Evaluation Research in Palliative Care Settings
Guideline Focus:	Assessment and Treatment of Delirium
Discipline:	Research and a multidisciplinary team
Region:	Quebec, Ontario

*Pilot 5:* Working through their new and progressive Nova Scotia Seniors' Mental Health Network, Dr. Keri-Leigh Cassidy, Mr. Tony Prime and Ms. Beth Floyd have proposed the integration of the CCSMH guideline recommendations into their current practices. The group will aim to use the existing structure of their education modules and integrate the guideline recommendations into models to be introduced to the network. The new integrated educational resources will then be piloted throughout the network and evaluated.

Project title:	The Implementation of National Guidelines Through the Creation of Educational Tools in Nova Scotia
Guideline Focus:	Assessment and Treatment of Depression Assessment and Treatment of Mental Health Issues in Long Term Care Homes Assessment and Treatment of Delirium Assessment of Suicide Risk and Prevention of Suicide
Discipline:	Nova Scotia Seniors' Mental Health Network, Multidisciplinary
Region:	Nova Scotia

*Pilot 6:* Dr. Diane Buchanan, working with members of the National Initiative for the Care of the Elderly (NICE) mental health work group, has proposed implementation of the depression recommendations through the use of a new toolkit and curriculum.

Project title:	National Initiative on the Care for the Elderly: Creation of a toolkit based on the Depression Guideline
Guideline Focus:	Assessment and Treatment of Depression
Discipline:	Family Medicine
Region:	National

*Pilot 7:* Dr. Martha Donnelly, working with members of the Canadian Academy of Geriatric Psychiatry (CAGP) and the CCSMH, using survey tools has proposed to survey the results of the dissemination of the guidelines to the CAGP members to evaluate their impact on practice.

Project title:	A Survey of the Canadian Academy of Geriatric Psychiatry: Dissemination and Transfer of Guideline Recommendations into Practice
Guideline Focus:	Assessment and Treatment of Depression Assessment and Treatment of Delirium Assessment and Treatment of Mental Health Issues in Long Term Care Homes (Focus on Mood and Behaviour Symptoms) Assessment of Suicide Risk and Prevention of Suicide
Discipline:	Geriatric Psychiatry
Region:	National

Throughout the duration of the project, Dr. Boydell and her research associates conducted evaluation of the process and assisting with the creation of the implementation toolkit. Please see Appendix II for a list of key accomplishments of each of the pilot projects for the 2008.

Since January 2009 the following were achieved with respect to the above pilot projects:

Pilot 1: Implementation of the Long Term Care Home Guideline at Baycrest (LTC guideline).

- Implementation and second round of data collection.
- Presentation by Lisa Sokoloff, "Mental Health and Aging: CCSMH Mental Health Guideline Implementation Project", University of Toronto Master's of Nursing program, Baycrest, Toronto, March 12, 2009
- Awarded Ontario Research Coalition grant and AHSP AFP Innovation Fund grant to further develop a toolkit and dissemination of the project

Pilot 2: Ontario National Best Practice Guidelines Knowledge, Awareness, and Utilization Projects for Long-Term Care Homes (LTC guideline)

- Series of lunch and learn sessions on the guideline content (Niagara region)
- Training of all registered staff in PIECES (Prince Edward County)
- Creation of ‘education passports’ for documenting education and training (Prince Edward County)
- Creation of an aromatherapy program (Prince Edward County)
- Established meetings and partnerships with compliance officers (Thunder Bay region)
- Strategic implementation through focus groups, who reviewed recommendations, assessed their practice, implemented changes and celebrated current successes (Thunder Bay region).
- Partnerships with recreation to focus on social contact interventions for depressive symptoms including training on collecting social histories and incentives and rewards for ‘knowing your residents’ (Halton region)
- An improved and strategic use of volunteers to improve recreation program accessibility (Halton region)
- Creation of a sensory relaxation program using a ‘snoozelen’ room and traveling cart and training for staff (Halton region).
- Focus on general care / bathing etc. in partnerships with the directors of care and provided a summary of recommendations from CCSMH, RNAO, GPA to create a ‘core education’ for staff that was provided as a laminate for reference (Lanark County)
- Action plan for implementation with steering committee, and plan for focus on social contact interventions for behavioural symptoms, completed stakeholder assessments and environmental readiness (Waterloo region)
- Creation of a simulated bathing experience for staff to assist with empathy and training for bathing residents (Barrie)
- Survey to staff by an established ‘implementation team’ to discover the most challenging are to provide care from the perspective of staff (Barrie).
- Provided four-hour training sessions to all staff on individualized care, non-pharmacological care, case-based modules (Peterborough).
- Creation of posters, displays, handouts (North Bay region)
- Education program for staff and families on the signs and symptoms of depression to enhance care (North Bay).

Pilot 3: Detection and Assessment of Suicide Risk, and Prevention and Intervention of Suicide: An Ontario, British Columbia, Alberta Partnership to Implementation

- Through the Betty Havens Award the project team is developing two new scales to evaluate effectiveness of Toolkit on knowledge uptake re: late life suicide and change in attitudes toward working with seniors at risk for suicide. Presently at ethics stage (UWO). Will be reviewed by suicidology experts, health care professional focus group and validated by CCSMH members via online survey. Scales will be used pre-post workshops.

Pilot 4: Adapting The Canadian Coalition for Seniors' Mental Health *National Guidelines on the Assessment and Treatment of Delirium in Seniors* for Implementation and Evaluation Research in Palliative Care Settings

- Adaptation of the Assessment and Treatment of Delirium guideline to end-of-life care settings is complete.
- Manuscript drafted for publication

Pilot 5: The Implementation of National Guidelines Through the Creation of Educational Tools in Nova Scotia

- Manuscript on the pilot was completed for submission to the Canadian Journal of Geriatrics.

Pilot 6: National Initiative on the Care for the Elderly: Creation of a toolkit based on the Depression Guideline

- New partnership formed with the Seniors Health Research Transfer Network (SHRTN) to create a community of practice (CoP).
- CCSMH continuing to support activities including a pilot initiative in which practitioners from Specialized Geriatric Psychiatry Outreach Teams and members of Family Health Teams together design and carry out a small Collaborative Practice and Education initiative using the NICE Depression Screening Tool.

The CCSMH office continues to distribute resources on request. A summary of 2009 distribution is provided below.

CCSMH Resource Requests		2009 Requests		
		Hard Copy	Online	Total
<b>Suicide Prevention</b>	Guideline	440 (+1,725 toolkit)	616	<b>2,781</b>
	Toolkit (includes guideline, pocket card, family guide, DVD)	1,725		<b>1,725</b>
	DVD downloads		366	<b>366</b>
	Pocket card – E	3,167 (+1,725 toolkit)	574	<b>5,466</b>
	Pocket card – F	299	174	<b>203</b>
<b>Depression</b>	Guideline	298	810	<b>1,108</b>
	Laminate	2,380	478	<b>2,858</b>
	Pocket card – E	2,372	496	<b>2,868</b>
	Pocket card – F	101	90	<b>191</b>
<b>Delirium</b>	Guideline	298	840	<b>1,138</b>
<b>Mental Health Issues in LTC</b>	Guideline	423	773	<b>1,196</b>

In January 2009 the CCSMH received amendment funding from the Public Health Agency of Canada to expand the target audience of the National Guidelines to seniors and their families.

## **Implementation and Knowledge Translation: Making the Guidelines Accessible to Seniors and their Families**

### **Project Goal and Objectives**

The overall project goal is to compliment the existing knowledge translation activities by ensuring seniors and families have accessible and relevant information available from the four guidelines. Objectives of the project include:

1. To expand the current dissemination strategy for the guidelines to include seniors and families.
2. To have a deepened understanding of what information is most relevant for seniors and families and how best to translate the current information to user-friendly formats.
3. To expand the current knowledge translation activities to focus on seniors and families by creating revised versions of the guidelines that can be used by the public for personal education and to assist with interactions with health care providers.

Between January and March 2009 (full timeline for project), the following was accomplished in the creation of the family guides:

- Creation of core steering committee for project
- Drafts of four guides created internally.
- Drafts disseminated to original guideline development co-chairs for review
- Review of guidelines by experts in the field (geriatric psychiatry, nursing, administrators)
- Revisions of drafts based on expert review.
- Dissemination of guide to seniors and families for review on content, format and style.
- Revisions of guide based on third round of feedback.
- Formatting of guide based on feedback from seniors and families.
- Translation of four guides into French.
- Review of French guides by two independent consultants.
- French consultant hired to seek out resources for French guidelines.
- Online launch at the end of March 2009.
- Printing of Guides for hard copy launch in April 2009.

## **Building Upon Our Successes: A Comprehensive Strategy for Increasing Knowledge and Decreasing Stigma**

### **Project Goal and Objectives**

The overall project goal is to complement the existing knowledge translation activities by ensuring seniors and families have accessible and relevant information available from the four guidelines. Objectives of the project include:

1. To create a comprehensive bilingual suite of knowledge products to assist with the usability of the CCSMH guidelines for health care professionals based on the lessons learned in earlier phases of the project.
2. To engage seniors and families across Canada and raise awareness of the issues of seniors' mental health, increasing knowledge and decreasing stigma in seniors' mental health.



3. To better the understanding of CCSMH guideline utilization based on a thorough and multifaceted evaluation plan.

To continue with engaging seniors and families' awareness of the issues of seniors' mental health, family guides have been disseminated to key stakeholders. Up until the end of December 2009 over 20, 000 copies were distributed (combined online and hard copy dissemination) in English and French. Guides have been sent based on requests and to targeted organizations and associations. The table below gives a detailed description of the distribution numbers.

<b>CCSMH Resource Requests</b>		<b>2009 Requests</b>		
		<b>Hard Copy</b>	<b>Online</b>	<b>Total</b>
<b>Suicide Prevention</b>	Toolkit (includes guideline, pocket card, family guide, DVD)	1,725		<b>1,725</b>
	Family guide – E	3,497 (+434 toolkit)*	467	<b>4,398</b>
	Family guide – F	456	53	<b>509</b>
<b>Depression</b>	Family guide – E	4,625	861	<b>5,486</b>
	Family guide – F	487	76	<b>563</b>
<b>Delirium</b>	Family guide – E	4,150	838	<b>4,988</b>
	Family guide – F	477	78	<b>555</b>
<b>Mental Health in LTC</b>	Family guide – E	3,729	586	<b>4,315</b>
	Family guide - F	442	58	<b>500</b>

In addition, CCSMH staff and volunteers have given educational presentations to:

- Dogwood Pavilion and Recreation Centre, Coquitlam, B.C. (October 2009)
- Baycrest Geriatric Centre, Toronto, ON (October 2009)
- Evergreen Seniors Centre, Guelph, ON (December 2009)

The CCSMH also participated in the 'Forever Young' Consumer Show in Toronto in October 2009. As a result of the planned media launch (September 1<sup>st</sup> 2009) articles highlighting the new guides from the CCSMH appeared in the following publications:

#### September 2009

- The News EMC – Orelans (ON)
- The Sudbury Star – Sudbury (ON)
- The Leader Post – Regina (SK)

#### October 2009

- The News EMC – Orleans (ON)
- The News EMC – Ottawa West (ON)
- The Sudbury Star – Sudbury (ON)
- Red Deer Advocate - Red Deer (AB)
- The Simcoe Reformer – Simcoe (ON)

#### November 2009

- Medicine Hat News – Medicine Hat(AB)
- Red Deer Advocate – Red Deer (AB)
- Times Colonist – Victoria (BC)
- L'Express – Ottawa (ON)
- The Paris Star – Paris (ON)
- The Standard – St. Catharine's (ON)
- The Reporter – Port Hawkesbury (NS)
- Kawartha Lakes This Week – Lindsay (ON)
- The Millbrook Times - Millbrook (ON)
- Pickering Retail Pages – Pickering (ON)
- Niagara Thorolod News - St. Catherine's (ON)
- Focus 50+ - Wyevale, (ON)
- La Nouvelle Sherbrooke – Sherbrooke (QC)
- Foam Lake Review- Foam Lake, (SK)
- Ituna News - Foam Lake (SK)
- The Pass Herald - Baltimore (AB)
- Infoprtnouf.com (online)
- The West End Times (online)
- Shopper Group (online)
- Vancouver Courier Newspaper (online)
- Victoria Times Colonist (online)
- Shopper Group (online)
- L'Express Ottawa (online)
- The News EMC Orleans (online)
- The News EMC Orleans West (online)
- Simcoe Reformer (online)
- Doctortoronto.com (online)
- Acces Laurtentides (online)

#### December 2009

- Clarington This Week – Oshawa (ON)
- The Jewish Post and News – Winnipeg (MB)
- The Vancouver Courier – Vancouver (BC)

The CCSMH is committed to creating additional knowledge exchange tools to accompany the CCSMH National Guidelines. Committees have been formed to create knowledge exchange tools for front line professional staff working related to delirium in older adults and mental health in long-term care homes. The tools will be completed in both English and French by March 31<sup>st</sup> 2010.

## **Strategic Initiative: National Seniors' Mental Health and Dementia Knowledge Exchange Think Tank**

In the Fall of 2008, the CCSMH received a NGO Outreach Initiative Award from the CIHR Institute of Neurosciences, Mental Health and Addictions. This funding was the catalyst for a highly successful collaboration between multiple seniors' mental health and dementia networks and organizations. A two-day Think Tank was held in Ottawa, Ontario with over 80 experts and consumers in aging, seniors' mental health, dementia, and knowledge translation.

Upon receipt of the funding, the CCSMH worked with similar networks to plan and coordinate the Knowledge Exchange Think Tank Initiative, which represents a new Canadian partnership to accelerate knowledge transfer to practice in the areas of seniors' mental health and dementia. The seven partners entered this collaborative process as facilitators to identify a wider community of interest and begin the development of meaningful Canada-wide network exchange by developing effective interfaces between and among knowledge transfer and exchange groups whose major area of interest is seniors, seniors with mental health issues, and challenges and dementia. The partners included:

- Mental Health Commission of Canada; Seniors' Advisory Group
- Canadian Dementia Knowledge Translation Network (CDKTN)
- The National Initiative for the Care of the Elderly (NICE)
- The Alzheimer Knowledge Exchange of Ontario (AKE)
- The Seniors' Health Research Transfer Network (SHRTN)

This initiative also received funding and support from the Public Health Agency of Canada, the Canadian Dementia Knowledge Translation Network and was coordinated by the Canadian Coalition for Seniors' Mental Health (CCSMH). The objectives of the collaboration were:

1. To identify local, provincial and national organizations involved in knowledge exchange in the area of seniors' mental health and/or dementia and engage them in a partnership
2. To highlight the successful exchanges and raise the profile of seniors' mental health and dementia
3. To understand how strategies in knowledge exchange from mental health and dementia sectors can be applied to all other sectors of seniors health
4. To create a Community of Practice for knowledge exchange in seniors' mental health and dementia.
5. To use technology and creative communication systems to engage in collaborative initiatives across the country.
6. To increase the knowledge and power of stakeholders and advocates by streamlining the knowledge exchange processes in the field of seniors' mental health and dementia.

In addition, a primary objective of the initiative was to help the Seniors Advisory Committee provide guidance to the Mental Health Commission of Canada as they initiate the national Knowledge Exchange Centre.

In addition to the successful two-day knowledge exchange think tank, the following are successful outcomes of the collaborative initiative:

## **Outcomes:**

### *1. Creation of an online Knowledge Bank*

Project members executed an extensive literature search and conducted interviews with stakeholders and consumer regarding knowledge exchange and translation

#### Explicit Findings:

The literature searches yielded a total of 492 resources as related to knowledge exchange, diffusion, management, mobilization, transfer, and translation processes, strategies and best practices. Twenty of these resources were specific to the mental health sector and nine were specific to the dementia sector. A total of 365 resources were themed according to the four constructs. Some resources met the criteria for more than one theme. There were 245 resources categorized within ‘processes and strategies’; 111 within content and evidence; 221 within ‘culture and context’; and 161 within ‘facilitation and technology’. Where abstracts were not available, appropriateness of fit was judged by the resource title and publication source. A total of 127 resources were not themed due to insufficient information.

#### Tacit Findings:

A total of 53 surveys were completed by national knowledge transfer and exchange opinion leaders representing a response rate of 34%. Survey respondents included educators (23%); researchers (18%); knowledge brokers (13%); policy makers / workers (13%); paid caregivers (6%); unpaid caregivers (6%); students (2%) and other – e.g. consultants, executives, administrators (21%).

**The knowledge bank currently is open to the public and can be accessed at:**

<http://kteknowledgebank.ca/>

### *2. Creation of an inventory of relevant organizations*

Project members conducted an environmental scan to assess which organizations in seniors health, mental health and dementia are currently engaged in knowledge exchange. They also identified organizations not focused on seniors and/or mental health and dementia who are currently involved in knowledge exchange.

### *3. Creation of Issues and Options Paper for the Mental Health Commission of Canada*

As a key outcome of the event, the CCSMH coordinated the writing of an issues and options paper for the Mental Health Commission of Canada as they begin the process of establishing their national knowledge exchange centre.

### *4. A Qualitative Process Evaluation on the Think Tank Initiative*

Dr. Salinda Horgan prepared an extensive qualitative process evaluation of the initiative.

### *5. Strengthened Network between partners organizations*

An important outcome of the initiative is a strengthened network between the partner organizations. Although think tank delegates did not want to create a new community of practice, they did ask that the partner networks find a mechanism to communicate and collaborate to ensure informal connections are created and the collaborative advantage is utilized.

**Strategic Initiative: Guidelines for Comprehensive Services for Elderly Persons Living with Mental Health Problems and Illnesses**

In May 2009 the Mental Health Commission of Canada awarded funding to HealthWell Educators and Consultants Ltd. and the Canadian Coalition for Seniors' Mental Health to revise the 1988 Health Canada document “Guidelines for Comprehensive Services to Elderly Psychiatric Disorders.”

The 1988 Guidelines for Comprehensive Services to Elderly Psychiatric Disorders has been a major reference document for mental health care planners, service providers, workers and advocacy groups in the past. Over the past two decades since the release of these guidelines, the base of evidence support the effectiveness of mental health services for older adults has grown considerably. At the same time, the need for such services will continue to increase sharply in the decades to come, accompanied by a disproportionate increase in mental illnesses and brain diseases such as dementia.

The completed document is intended to inform systems planners, government, policy makers, and program managers. In particular, this document seeks to inform the Mental Health Commission of Canada National Mental Health Strategy. Although the information may be useful to multiple audiences, it should be noted that this document is not intended to provide clinical guidance.

The guide will be focused on services and systems specific to adults aged 65 and older, recognizing that there will be exceptions to this age cut-off (for example in the Aboriginal population). For the purposes of this document mental illnesses will include acquired brain injury, Alzheimer’s Disease and Related Dementias (with behavioural and psychological symptoms), serious and persistent mental illness, first onset illness in old age, substance misuse and addictions and people living with dual diagnoses.

Component	Action Steps	Timeline
Defining Scope and Criteria Setting	▪ Meet with SAC to define project priorities	▪ May 2009
	▪ Examine current guidelines and benchmarks	▪ June 2009
	▪ Highlight emerging areas and promising practices.	▪ June 2009
Literature	▪ Review of national and international literature	▪ June – August 2009
	• Literature summarized in relation to continuum of care	▪ August 2009

Review / Consultations	<ul style="list-style-type: none"> <li>▪ Recruitment and planning for consultations</li> </ul>	<ul style="list-style-type: none"> <li>▪ Aug - Sept 2009</li> </ul>
Ethics Review	<ul style="list-style-type: none"> <li>▪ Prepare and submit internal ethics to MHCC</li> </ul>	<ul style="list-style-type: none"> <li>▪ June – August 2009</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Prepare and submit ethics to U of Victoria</li> </ul>	<ul style="list-style-type: none"> <li>▪ June – August 2009</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Prepare and submit additional ethics applications?</li> </ul>	<ul style="list-style-type: none"> <li>▪ June – August 2009</li> </ul>
Guidelines Consultations	<ul style="list-style-type: none"> <li>▪ Focus groups with health care professionals</li> </ul>	<ul style="list-style-type: none"> <li>▪ September 2009</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Focus groups with additional stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>▪ September 2009</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Focus groups with seniors, family members</li> </ul>	<ul style="list-style-type: none"> <li>▪ October 2009</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Incorporate feedback into draft of guidelines</li> </ul>	<ul style="list-style-type: none"> <li>▪ October 2009</li> </ul>
Benchmark Consultations	<ul style="list-style-type: none"> <li>▪ Benchmarks proposed based on literature, current systems, findings.</li> </ul>	<ul style="list-style-type: none"> <li>▪ October 2009</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Feedback gathered and benchmarks revised.</li> </ul>	<ul style="list-style-type: none"> <li>▪ October 2009</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Interviews with key expert clinicians, service system planners and scientists.</li> </ul>	<ul style="list-style-type: none"> <li>▪ November 2009</li> </ul>
Pilot Survey	<ul style="list-style-type: none"> <li>▪ Develop draft benchmark survey</li> </ul>	<ul style="list-style-type: none"> <li>▪ December 2009</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Distribute draft survey to at least five organizations</li> </ul>	<ul style="list-style-type: none"> <li>▪ January 2010</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Summarize and review survey results.</li> </ul>	<ul style="list-style-type: none"> <li>▪ January 2010</li> </ul>
Survey	<ul style="list-style-type: none"> <li>▪ Draft survey modified based on pilot survey data</li> </ul>	<ul style="list-style-type: none"> <li>▪ February 2010</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Survey distributed electronically across Canada</li> </ul>	<ul style="list-style-type: none"> <li>▪ February 2010</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Survey results analyzed</li> </ul>	<ul style="list-style-type: none"> <li>▪ April 2010</li> </ul>
Draft Guidelines	<ul style="list-style-type: none"> <li>▪ Incorporation of service survey and stakeholders into draft guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>▪ April 2010</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Completion of final draft.</li> </ul>	<ul style="list-style-type: none"> <li>▪ May – June 2010</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Circulation of guidelines to stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>▪ June 2010</li> </ul>
Dissemination	<ul style="list-style-type: none"> <li>▫ Final revisions</li> </ul>	<ul style="list-style-type: none"> <li>▪ July 2010</li> </ul>
	<ul style="list-style-type: none"> <li>▫ Presentation to stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>▪ July – Nov 2010</li> </ul>
	<ul style="list-style-type: none"> <li>▫ Dissemination to public, Mental Health Commission of Canada</li> </ul>	<ul style="list-style-type: none"> <li>▪ Aug – Nov 2010</li> </ul>

## **Strategic Initiative: CCSMH 4<sup>th</sup> National Conference: Connecting Research and Education to Care in Seniors' Mental Health**

In June 2009 the CCSMH confirmed conference venues and dates for September 2010. To assist in the promotion of conference a new events website was created ([www.ccsmh-events.ca](http://www.ccsmh-events.ca)). The call for abstracts was released in September 2009 and a conference committee was formed to assist with the conference planning and promotion.

## **Strategic Initiative: Learning from Others: Understanding Self-Management in Seniors' Mental Health**

In October 2009 the Canadian Coalition for Seniors' Mental Health received funding from CIHR Institute of Aging to host a meeting to understand how self-management principles can be applied to seniors' mental health. The funding for this project ends October 2010. The rationale for the project is to ensure that the CCSMH has the opportunity to learn from other individuals and programs based on their successes before creating a self-management toolkit for seniors specific to mental health.

### **Objectives:**

- To identify and engage exemplars of self-management programs from other fields, including local, provincial and national organizations.
- To create an opportunity for dialogue and exchange to understand the common successful principles of self-management programs and their application to a seniors' mental health context.
- To create a self-management program to accompany the CCSMH Educational Guides for Seniors and their Families based on the outcomes of the proposed meeting.
- To increase the knowledge and power of seniors in the mental health system and to build capacity in NGO's who support them during their journey.

Anticipated outcomes include:

- A contribution to the literature and understanding on self-management programs.
- An increase in knowledge exchange between successful strategies across health sectors.
- A tool to assist seniors in the management of their own mental health and illness.
- New partnerships between organizations with a vested interest in aging and health.
- An increase in the capacity and resources for providers working with seniors around mental health.

## **Strategic Initiative: National and Provincial Advisory Committee Membership**

In 2009, the CCSMH continued collaborations with multiple organizations in order to ensure seniors' mental health representation within specific projects and to partner with relevant provincial and national strategic projects. These include recurring membership and new membership.

Recurring Memberships:

- Canadian Alliance for Mental Illness and Mental Health (CAMIMH)
- Geriatric Education Recruitment Initiative (GERI)
- Best Practice in Seniors' Mental Health Program and Policy Design Project
- National Initiative for the Care of the Elderly (NICE)
- Canadian Research Network for Care in the Community (CRNCC)
- Research to Action Program in Dementia (RAPID) / The Canadian Dementia Knowledge Translation Network (CDKTN)
- Cognitive Impairment in Aging Partnership: Canadian Institutes for Health Research, Institute of Aging

#### Additions in 2009:

- Canadian Association for Suicide Prevention, Board Member (S.Helsdingen)
- Alzheimer Society of Canada Guidelines for Care: Review Panel
- Improving Quality of Life for People Dying in Long Term Care Homes project (lead Dr. Mary Lou Kelley, Lakehead University)
- The Effects and Costs of a Nursing Mental Health Promotion Intervention on Depression and Anxiety in Frail Older Home Care Clients project (lead Dr. Maureen Markle-Reid, McMaster University)
- Enhancing system capacity to improve the quality and continuity of mental health care for seniors in assisted living and long-term care project (lead Dr. Colleen Maxwell, University of Calgary)
- Active Living Coalition for Older Adults: Development of Measurement and Evaluation Tools for Community-Based Programs, Reference Group.

**In addition, the CCSMH is consulted on an as-needed basis by local, provincial and national groups engaged in strategic initiatives and projects.**

## SUMMARY OF ADVOCACY ACTIVITIES

### Media Coverage

In follow up from the June 2008 series on mental illness in the Globe and Mail an additional series called "Breaking Through", an 8-week series was featured in the Globe and Mail in the Fall of 2009. The CCSMH worked closely with Andre Picard to ensure that stories from seniors were featured in this series. The CCSMH was also featured in the following stories:

- "Ending Stigma and Challenging Myths" an online question and answer. <http://www.theglobeandmail.com/special-reports/breaking-through>, Friday October 2<sup>nd</sup> 2009.
- "For experts, the challenge is to convince people that recovery is possible" by Andre Picard. Globe and Mail, Saturday October 3<sup>rd</sup> 2009.



- Mental Health Resources: National. Online article at [www.globeandmail.com/special-reports/breaking-through](http://www.globeandmail.com/special-reports/breaking-through), Tuesday October 20<sup>th</sup> 2009.
- Radio Centre-Ville Broadcast: Interview about seniors' mental health October 2009.

### **Conference Presentations, Presentations, Advocacy, Other**

The CCSMH remains an active participant in multiple areas of public advocacy. Examples of CCSMH activity includes:

- Participation at the Roundtable on Behavioural Support Systems hosted by the Ministry of Health and Long-Term Care. December 8<sup>th</sup> 2009: Toronto, Ontario.
- Participation at National Seniors Council National Roundtable: Volunteering Among Seniors and Active and Positive Aging. November 26<sup>th</sup> 2009: Ottawa, Ontario.
- “Late Life Suicide Prevention: Life Saving Tools for Health Care Providers.” Canadian Association for Suicide Prevention Annual Conference. October 13<sup>th</sup> 2009: Brandon, Manitoba.
- Participation in the Rising Tide Expert Consultation. Online webinar. October 16<sup>th</sup> 2009.
- Exhibitor at the Niagara Geriatric Conference. October 7<sup>th</sup> 2009: Niagara, Ontario.
- Participation at Seniors Mental Health and Addictions Roundtable. Hosted by the Ontario Seniors Secretariat. October 5<sup>th</sup> 2009: Toronto, Ontario.
- “Knowledge translation tools for seniors’ mental health” International Psychogeriatric Association World Congress. September 4<sup>th</sup>, 2009: Montreal, Quebec.
- “Accelerating knowledge translation in seniors’ mental health and dementia”. Poster Presented at the International Psychogeriatric Association World Congress. September 4<sup>th</sup>, 2009: Montreal, Quebec.
- “Dissemination and transfer of guideline recommendations into practice: A survey of the Canadian Academy of Geriatric Psychiatry (CAGP).” Poster Presented at the International Psychogeriatric Association World Congress. September 2<sup>nd</sup>, 2009: Montreal, Quebec.
- “Education Resources on Mental Health for Seniors and their Families.” Online presentation. Alzheimer Knowledge Exchange. July 14<sup>th</sup> 2009.
- “Improving the Mental Health of Canadian Seniors”. IAGG World Congress of Gerontology and Geriatrics. July 7<sup>th</sup> 2009: Paris, France.
- Participation at the Annual NICE Knowledge Exchange. May 21<sup>st</sup> 2009: Toronto, Ontario.
- Participation at the Cognitive Impairment in Aging Partnership Meeting. April 21<sup>st</sup> 2009: Montreal, Quebec.
- Participation at Knowledge Exchange Forum on Experiential Knowledge In the Context of Mental Health and Health Determinants hosted by the Public Health Agency of Canada. March 11-12<sup>th</sup> 2009: Ottawa, Ontario
- “Knowledge Translation Tools for Health Care Providers.” Geriatric Mental Health Outreach Leadership Institute. February 19<sup>th</sup> 2009: Mississauga, Ontario.
- Participation at the Mental Health Commission of Canada National Stakeholder Consultation on the Framework for Mental Health Strategy. February 10<sup>th</sup> 2009: Ottawa, Ontario.
- Participation at the U.S. Mental Health Symposium hosted by Veterans Affairs Canada. January 22<sup>nd</sup> 2009: Ottawa, Ontario.

## SUMMARY OF FUNDING

The CCSMH continues to operate on grants, contributions and donations. In 2009, the CCSMH received funding from:

- Public Health Agency of Canada
- Canadian Institutes for Health Research
  - Institute of Neurosciences, Mental Health, and Addictions
  - Institute of Aging
- Mental Health Commission of Canada

## SUMMARY OF MEMBERSHIP / STAKEHOLDER RELATIONSHIPS

In 2009 the CCSMH was able to purchase a new database management system, allowing for the first time a review of membership. The CCSMH membership continues to grow on a daily basis. Current membership is currently just over 2, 400 individual and organizational members.

### **Membership Communication**

The CCSMH website remains an important source of information and communication with members. The CCSMH website was launched in 2004. Between January and December 2009, over 446, 500 hits were received. The following provides more detail related to the website.

Date	Total Sessions	Total Hits	Avg. Sessions/day	Avg. Hits/day
Total 2009	75,702	446, 614	207.40	1,223.60
Total 2008	47, 644	326, 673	130.17	892.55
Total 2007	49, 334	270, 528	135.16	741.17
Total 2006	48,020	278, 730	131.56	763.64
Total 2005	37,453	173, 216	102.61	474.56
Total 2004	10,585	79, 023	31.50	235.19

### **CCSMH Staffing**

Currently the CCSMH has one full time Executive Director and a full time Project Manager. In the summer of 2009 the CCSMH was able to hire a student. The CCSMH also hosted a 4<sup>th</sup> year adult development, families and well-being student from the University of Guelph from September – December 2009.

## CCSMH Steering Committee

Canadian Academy of Geriatric Psychiatry  
Canadian Academy of Geriatric Psychiatry  
Alzheimer Society of Canada

Canadian Pensioners Concerned  
Canadian Association of Social Workers

Canadian Caregiver Coalition  
Canadian Geriatrics Society  
Canadian Healthcare Association  
Canadian Mental Health Association  
Canadian Nurses Association  
Canadian Psychological Association  
Canadian Society of Consulting Pharmacists  
College of Family Physicians of Canada  
Public Health Agency of Canada – advisory  
Executive Director  
Project Manager

Dr. David Conn (co-chair)  
Dr. Ken Le Clair (co-chair)  
Mr. Scott Dudgeon (until June 2009)  
Ms. Kelly Duffin  
Ms. Winnie Fraser-MacKay  
Ms. Marlene Chatterson (until June 2009)  
Ms. Kate Power (as of June 2009)  
Ms. Esther Roberts  
Dr. Chris Frank  
Currently seeking new member  
Ms. Kathryn Youngblut / Dr. Taylor Alexander  
Dr. Sharon Moore  
Dr. Venera Bruto  
Ms. Pronica Janikowski  
Dr. Chris Frank  
Ms. Simone Powell  
Ms. Kimberley Wilson  
Ms. Sherri Helsdingen

## *Appendix I* **NATIONAL GUIDELINES**

### **Project History, Dissemination and Implementation**

In January 2005, the CCSMH was awarded funding by Public Health Agency of Canada, Population Health Fund, to lead and facilitate the development of evidence-based recommendations for best-practice National Guidelines in four key areas of seniors' mental health. These include:

- The Assessment and Treatment of Delirium
- The Assessment and Treatment of Depression
- The Assessment of Suicide Risk and Prevention of Suicide
- The Assessment and Treatment of Mental Health Issues in Long Term Care Homes (Focus on Mood and Behaviour Symptoms)

The guidelines were completed in May 2006. Over the past year and a half since the guidelines were completed, the CCSMH turned its attention to the task of disseminating the documents. In order to maximize the benefits of the *National Guidelines*, the following groups were considered key targets:

- CCSMH members & Steering Committee
- Policy makers and government
- Universities, colleges, and training programs
- Administrators and planners at health care organizations/service providers
- Physicians and health care practitioners
- Professional bodies and communities
- Caregivers, families, general public

Dissemination of the *National Guidelines* began in May 2006 and has continued throughout 2008.

#### **Methods of Dissemination**

National distribution has taken place over a number of communications formats and methods, including electronic and printed distribution. Guidelines are available for stakeholders using three different venues. Identified groups and individuals received hard copies of the guidelines (detailed description below). As well, guidelines have been available for all interested parties through the CCSMH ([www.ccsmh.ca](http://www.ccsmh.ca)) website, allowing individuals and/or groups to download the documents and print with no copyright restrictions. Due to the increased demand for hard copies, the CCSMH listed the guidelines on [www.lulu.com](http://www.lulu.com), an online publishing company. Guidelines are available for purchase through this website or through the CCSMH printers. Please see below for a detailed breakdown of numbers:

#### **Hard Copies**

Since their release in 2006, over 15, 000 hard copies were disseminated to various stakeholders. As well, a special supplement on the guidelines was published in December 2006 in the Canadian Journal of Geriatrics and was mailed to 10,000 Canadian family physicians. Since the release of the Journal, over 7000 hard copies of the supplement were disseminated. The document is available in hard copy and electronically available through the CCSMH website.

#### **Electronic Copies:**

Since the launch of the guidelines, there have been over 17,500 downloads from the CCSMH website. Furthermore, there have been over 45 international countries that have accessed the electronic guidelines.

In 2008 the French versions of the Guidelines were completed and made available through the CCSMH website.

### **Knowledge Exchange and Engagement**

Since the release of the *National Guidelines* there have been several publications and presentations on the guidelines, both to raise awareness and to promote the use of the guidelines in a variety of settings. Below is a sample of dissemination activities that occurred in 2008.

- The 2008 International Nursing Conference: Healthy People for a Healthy World, Bangkok, Thailand
- Annual NICE Knowledge Exchange, Toronto, Ontario
- Canadian Coalition for Seniors' Mental Health & CAGP Annual Scientific Meeting, Vancouver, British Columbia
- International Federation on Aging, Montreal, Quebec
- International Congress on Palliative Care, Montreal, Quebec
- Baycrest Psychiatric Educational Rounds, Toronto, Ontario
- Seniors Health Research Transfer Network, Online Ontario-wide presentation

### **Response and Support**

To date, the CCSMH has received overwhelming support for the dissemination of the Guidelines. In addition, multiple groups and organizations at the national, provincial, and local level have indicated their support and interest in the transfer of the Guideline knowledge and integration of recommendations into practice. Furthermore, several organizations provided the CCSMH with formal endorsements and support letters. Cataloguing of support continues and more detail is available through the CCSMH.

## *Appendix II*

### **Reported Pilot 2008 Successes**

By the end of 2008 each pilot was at various stages in nearing the end of their project plan and focusing on sustainability and distilling ‘lessons learned’ for the implementation ‘toolkits.’

Key accomplishments and activities include:

#### Pilot 1 (Baycrest): Key accomplishments and progress

- Hiring of a full time project coordinator with funds from Health Force Ontario.
- Data collection on three units of Baycrest nursing homes.
- Participatory Action ‘dot voting’ for implementation of recommendations.
- Awarded the Baycrest ‘Presidents Award for Innovation.’
- Clinical Implementation team formed to guide implementation.
- Presentations at:
  - CCSMH / CAGP Conference
  - KLARU conference
  - Baycrest Interdisciplinary Rounds
  - CCSMH / RNAO Guideline Implementation Workshop
- Hosted a workshop for over 85 staff (including allied health, nursing, housekeeping etc.) on guideline implementation.
- Implementation tools and strategies available for staff including case-based notes, ‘cheat-sheets,’ etc.

#### Pilot 2 (Ontario Task Force): Key accomplishments and progress

- Virtual Café hosted in January to introduce project to PRCs.
- Commitment from over 15 PRCs to participate in pilot project.
- Regional workshops in Kitchener and Kingston to work on implementation strategies.
- Awareness stage completed and included distribution of guidelines across regions, meetings with long term care home administrators and presentations at network meetings.
- Presentation at CCSMH / CAGP Conference in collaboration with Baycrest project team.
- Implementation tools created including guideline information packages, power point presentations and quick reference cards.
- Joint workshop with Registered Nurses Association of Ontario for PRCs and ‘champion’ staff members from pilot homes on organizational readiness and culture change.
- Implementation in progress in pilot homes.

#### Pilot 3 (Suicide prevention): Key accomplishments and progress

- Planning workshop hosted in Vancouver and British Columbia.
- Creation of suicide risk pocket card.
- Over 10,000 copies of pocket card distributed.
- Translation of pocket card finalized and printed in French.
- Creation of an interactive suicide risk and prevention training DVD.
- Creation of a facilitators guide and training materials for use of pocket card and DVD.
- Project team awarded the CIHR Award in Knowledge Translation in Aging.
- Project team received a donation from the Royal Bank Foundation for production of kits.
- Presentation and debut of video at CCSMH / CAGP conference.
- Multiple presentations at conference, workshops, symposia.

- Permission granted for toolkit use in Sheridan College Social Service Work Gerontology Program curriculum.

Pilot 4 (Delirium and End –of – life Care): Key accomplishments and Progress

- Workshop in Ottawa, ON in January 2008 with over 35 attendees from across the country.
- Revisions of recommendations of pharmacological, non-pharmacological, and assessment and detection.
- Extensive literature search conducted on palliative care and delirium in older adults.
- Completion of sections on education, prevention and legal and ethical issues.
- Hiring of research association to assist with the final creation of revised recommendations.
- Presentation at CCSMH / CAGP conference in Vancouver, BC.
- Presentation at 17<sup>th</sup> International Congress on Palliative Care in Montreal, QC.

Pilot 5 (Nova Scotia Seniors’ Mental Health Network): Key accomplishments and progress

- Presentation modules created on Depression, Delirium and Suicide
- Presentation delivered to Nova Scotia Seniors’ Mental Health Network
- Using a ‘train the trainer’ format presentations were delivered across all 9 regions in Nova Scotia to over 288 individuals
- Evaluation forms collected for over 80% of participants
- Results and process currently in draft for publication
- Presentation at CCSMH / CAGP Conference, Vancouver, British Columbia

Pilot 6 (NICE network): Key accomplishments and progress

- Publication of Depression Assessment and Treatment Pocket Card
- Publication of Depression Risk Laminate
- Dissemination at ‘lunch and learn’ sessions with Ontario Family Health Teams
- Dissemination throughout the province of Nova Scotia, using the NS Seniors’ Mental Health Network
- Presentation in International Nursing Conference, Bangkok, Thailand
- Presentation at CCSMH / CAGP Conference, Vancouver, British Columbia
- Presentation at NICE AGM, Toronto, ON
- Translation of pocket card underway
- Evaluation data collected and analyzed from Nova Scotia participants
- Multiple reprints required to meet demand.
- Tools available at CCSMH and NICE websites

Pilot 7 (CAGP survey): Key accomplishments and progress

- Survey disseminated via CAGP mailing list and newsletters.
- Survey conducted using Survey Monkey
- 45% response rate
- Guideline use and implementation rate ranked highly
- Poster presentation at CCSMH / CAGP Conference, Vancouver, British Columbia