

CANADIAN COALITION FOR SENIORS MENTAL HEALTH

To promote seniors mental health by connecting people, ideas and resources.

COALITION CANADIENNE POUR LA SANTÉ MENTALE DES PERSONNES ÂGÉES

Promouvoir la santé mentale des personnes âgées en reliant les personnes, les idées et les ressources.

BRING SOLUTIONS
TO LIGHTMETTRE EN LUMIÈRE
LES SOLUTIONSCHAIR BY/
PRÉSIDIÉ PAR

The Canadian Academy of
Geriatric Psychiatry
Académie canadienne de
psychiatrie gériatrique

STEERING COMMITTEE/
COMITÉ DE DIRECTION

Alzheimer Society Canada
Société Alzheimer Canada

Canadian Association for
Community Care
Association canadienne
de soins et services
communautaires

CARP-Canada's Association
for the Fifty-Plus
CARP-l'association
canadienne des plus
de 50 ans

Canadian Association of Social
Workers
Association canadienne des
ravitailleurs et travailleurs soci-
aux

Canadian Caregiver Coalition
La coalition canadienne des
aidantes et aidants naturels

Canadian Geriatrics Society
Association de gériatrie
du Canada

Canadian Mental Health
Association
Association canadienne pour
la santé mentale

Canadian Nurses Association
Association des infirmières et
des infirmiers du Canada

Canadian Psychological
Association
Société canadienne
de psychologie

Canadian Society of
Consulting Pharmacists
Association canadienne des
pharmaciens consultants

College of Family
Physicians of Canada
Collège des médecins de
famille du Canada

Health Canada - advisory
Santé Canada - consultatif

REPORT FROM THE CHAIRS

By: David Conn and Ken LeClair

Following the success of the April Symposium on “Gaps in Mental Health Services for Seniors in Long Term Care Settings” the Canadian Coalition for Seniors Mental Health (CCSMH) emerged as a viable network of committed individuals and organizations. All of the excitement that was generated in April has continued to move the CCSMH forward in addressing the issues identified during the Symposium. Our Project Director's Report outlines some of the current activities of the last few months. We would like to thank Health Canada, Population Health Fund for supporting the CCSMH. The Population Health Fund, in providing support to this initiative will allow

us to share the collective wisdom of our members through a web site, this newsletter as well as through two inventories/catalogues that detail educational materials which will target both front line workers and family caregivers. The monies will also be spent on an evaluation of the work of the Coalition which will provide excellent strategic feedback. The grant is for 18 months and ends March 2004.

At the end of this Newsletter the mission, goals, objectives and focus for the CCSMH is documented through the Terms of Reference. We invite you to share this Newsletter with your colleagues. We look forward to having many opportunities to work with you as we move forward.

REPORT FROM THE PROJECT DIRECTOR

Website: One of the early initiatives of the Coalition will be to establish a website for the purposes of exchanging information among members and the general public. I look forward to your feedback.

Task Work Groups: At the April Symposium on Gaps in Mental Health Services for Seniors in Long Term Care a number of task groups emerged as a result of your recommendations. These Groups were Advocacy, Education, Involving Family Caregivers, Research, Human Resources, Environment, and Assessment and Treatment.

Dr. Chris Frank of the Human Resources group has begun the development of a survey tool to be sent to family physicians who work in long term care settings. The purpose of the survey will be to identify issues and opportunities related to recruitment and retention of family physicians to long term care settings.

Alan Bradley of the St. John's Nursing Home Board and the Canadian Healthcare Association has provided leadership for the

Environments and Designs Group. This group has begun to identify the process of identifying promising practices in environmental and or design guidelines for long term care settings.

Dr. Ken LeClair is leading the Assessment Group in their work to identify assessment tools that are considered by the membership to be best practice resources.

Thank you to all the members who have provided excellent responses to the request for information!

Vicky Knight of the New Brunswick Nursing Home Association is leading a group to work on defining the value of on-going education for staff. The group will do a critical review of the literature/research with regards to the benefit of the education and training and will develop a needs assessment survey.

Evaluation: Dr. Katherine Boydell from the Community Health Systems Resource Group, has agreed to work with the CCSMH to evaluate the process of coalition formation and implementation.

LEADING NATIONAL ORGANIZATIONS COALESCE IN A CALL FOR A NATIONAL MENTAL HEALTH STRATEGY

Nearly 25 national health professional and mental health advocacy groups agreed to join forces to advocate collaboratively for a national action plan on mental illness and mental health at the end of a two-day summit in early October. The Canadian Psychiatric Association (CPA), the Canadian Medical Association and the Canadian Psychological Association in collaboration with the Canadian Alliance on Mental Illness and Mental Health (CAMIMH), organized and hosted the summit.

The event, launching Mental Illness Awareness Week, aimed to raise awareness about mental illness and mental health. Organizations emerged from the meeting with a consensus on priorities for national action and a commitment to bring the resulting consensus statement to their board of directors for ratification by the end of the year. The consensus statement outlines the principles and key elements of a national action plan and a commitment to work together to achieve this vision. The groups propose a national action plan anchored around national mental health goals, a policy framework that supports an enhanced research program, information system, public

education, innovations fund, mental health promotion and a health human resources plan. It calls on federal leadership to ensure a plan is put in place in Canada.

The Honourable Michael Wilson, the keynote luncheon speaker, voiced his perspective on the current state of mental illness and mental health care in Canada, the role for the federal government in helping to facilitate change, and reinforced the need for a national action plan.

“Mental illness is taking a higher profile in Canada than ever before. That is why a national action plan is very important at this time. I do not say this with the objective of having all provinces follow similar programs but a national action plan could achieve many things. ... The goal would be for all governments to make mental health a priority,” said Mr. Wilson.

A steering committee comprised of individuals who volunteered on behalf of their organization during the meeting, will take over from the summit organizing committee to plan the next steps and follow through on the commitment to turn the translate the ideas generated at the two day meeting into effective action.

A REPORT ON MENTAL ILLNESSES IN CANADA: A SENIORS PERSPECTIVE

By Paula Stewart MD, FRCPC - Centre for Chronic Disease Prevention and Control Health Canada

“Mental illnesses touch the lives of all Canadians, exerting a major effect on relationships, education, productivity and overall quality of life. Approximately 20% of Canadians will experience a mental illness during their lifetime and the remaining 80% will be affected by an illness in family members, friends or colleagues. With sufficient attention and resources, much can be done to improve the lives of people living with mental illness”

So begins the forward of A Report on Mental Illnesses in Canada that was released in October 2002 by 11 national organizations including The Mood Disorders Society of Canada, Association of Chairs of Psychiatry, Canadian Institute of Health Information, Canadian Mental Health Association, Canadian Psychological Association, Canadian Institutes of Health Research, Institute for Neurosciences, Mental Health and Addiction, National Network for Mental Health, Schizophrenia Society of Canada, Statistics Canada and Health Canada.

The report looks at 5 mental illnesses (mood disorders, schizophrenia, anxiety disorders, personality disorders, eating disorders) and suicidal behaviour. The definition of each disorder, symptoms, its causes, impact, stigma

and treatment options are reviewed. Data on the proportion of the population affected by the disorder and general hospital hospitalization data are also presented. The full report is available on the Health Canada Website at <http://hc-sc.gc.ca/pphb-dgspsp/publicat/miic-mmacc/index.html> or on the Moods Disorders Society and CMHA Websites.

Key findings for seniors age 65+ include:

GENERAL

- The rate of general hospitalization for these mental illnesses is 3/1000 seniors.
- Women are 1.5 times more likely to be admitted to a general hospital for one of these mental illnesses than men.

MAJOR DEPRESSIVE DISORDER

- Hospitalizations for major depressive disorder increase after age 65 for both men and women.
- Major depressive disorder is an associated health problem for many hospital admissions and this greatly increases over age 70.
- Hospitalization rates for major depressive disorder have decreased from 1987 to 1999 for both men and women to a much greater degree than for all other age-groups.

ANXIETY DISORDERS

- Hospitalizations for anxiety disorders increase for both men and women over age 65.
- Women have higher rates of hospitalization for anxiety disorders than men aged 65+.
- Anxiety disorders are increasingly associated with other health problems among people admitted to hospital over the age of 65.
- Hospitalization rates for anxiety disorders among seniors have been decreasing at a much rate than for other age-groups since 1987.

SUICIDAL BEHAVIOUR

- Death rates due to suicide are about 4 times higher among men age 65+ than women.

- Death rates due to suicide increase over age 70 for men and are highest among men 85+.
- Suicide rates have been decreasing since 1987 for both men and women age 65+.
- Hospitalization rates for attempted suicide are the same or higher for men than women age 65+. This is in contrast to younger age-groups where women have higher rates than men.

The report calls for more surveillance on mental illnesses including such factors as quality of life, stigma against mental illness, use and access to health and social services. The data also raise many research questions such as why hospitalization rates differ between men and women – Are there true differences in how the disease affects men and women? or Are more women seeking treatment? or Are physicians diagnosing and treating men and women differently?

Mental illnesses affect us all. The authors of the report hope that it generates a lot of discussion and that mental illnesses will be brought out of the closet and into the light, so that people will seek treatment early, stigma is reduced, and we all consider what we can do to improve the quality of life for people with mental illness.

WEBSITE:

To find out about another project funded by the Population Health Grant, please log on to www.seniorsmentalhealth.ca to learn more about the “Psychosocial Approaches to Mental Health Challenges of Late Life” project.

WRITINGS IN GERONTOLOGY: MENTAL HEALTH AND AGING A NEW PUBLICATION FROM THE NATIONAL ADVISORY COUNCIL ON AGING

The National Advisory Council on Aging recently released a new publication in its Writings in Gerontology Series which focuses on the topic of mental health and aging. The texts in this collection of Writings are original manuscripts written by experts in their field. This issue follows a 1991 publication with the same title, which was reprinted countless times to satisfy the demand for information on a subject of growing interest and concern.

The contributors to this issue of Writings present varying aspects of the issue mental health and aging. In it, the reader will find papers which discuss positive mental aging, common mental disorders among seniors, and social isolation and social loneliness. There are also papers which discuss mental health issues facing particular groups, specifically, informal caregivers, gay and les-

bian seniors, and seniors living in long-term care facilities. Finally, this issue of Writings addresses best practices for the mental health care of older adults in general as well as the care and treatment of people with dementia and cognitive impairment.

The National Advisory Council on Aging is confident that this issue of Writings will be of interest to a broad range of people, including seniors, practitioners, caregivers and others who are concerned with seniors' well-being. Writings in Gerontology: Mental Health and Aging is available free of charge on-line at: http://www.hc-sc.gc.ca/seniors-aines/pubs/writings/writ18/writ18_e.htm

It can also be ordered by calling (613) 957-1968 or by sending a request by fax: (613) 957-9938 or email: seniors@hc-sc.gc.ca.

PROFILE OF A MEMBER - THE CANADIAN CAREGIVER COALITION

The desire of Canadians to live and die at home has placed the issue of care-giving at the forefront in our society. The increased life expectancy of people with disabilities and the prevalence of degenerative chronic diseases have resulted in significant responsibilities for family caregivers.

Caregivers are individuals who provide ongoing care and assistance, without pay, to family members or friends in need of support due to physical, cognitive or mental health conditions. They are the primary resource for maintaining persons with disabilities and chronic illnesses in their communities, and a unified voice for appropriate support for caregivers is essential. Caregivers are the bedrock of the

Canadian health care system numbering 2.8 million.

The mission of the Canadian Caregiver Coalition is to join with caregivers, service providers, policy makers, and other stakeholders to identify and respond to the needs of caregivers in Canada. Our vision is a Canada that recognizes and respects the integral role of caregivers in society, and supports this role with the understanding that it is not a substitute for public responsibility in health and social care.

For many of us it's not a matter of IF you become a caregiver, but WHEN. If you wish to become involved with the Coalition please contact us through our website: www.ccc-ccan.ca or call 1-888-866-2273.

TERMS OF REFERENCE FOR THE CANADIAN COALITION FOR SENIORS' MENTAL HEALTH

MISSION:

To promote the mental health of older persons/seniors by connecting people, ideas and resources.

GOAL:

To support collaborative initiatives which facilitate positive mental health for seniors through innovation and dissemination of best practices.

OBJECTIVES:

- To provide vehicles and infrastructures that will facilitate information sharing, communication and dissemination of ideas and products.
- To develop a collaborative advocacy strategy to educate the public and influence policy development in service, education, research.
- To identify, develop and disseminate educational resources and strategies for older adults, family members, caregivers and professional staff.
- To enhance intersectoral research activity on clinically relevant and pressing practice and policy issues.
- To identify and disseminate best practices in mental health promotion, assessment and treatment.

- To identify and disseminate best practices that support and promote positive environments including options for aging in place and the establishment of "home model" guidelines.
- To promote the recruitment and retention and of professional and non professional staff to provide mental health care in long term care settings.
- To collaborate with local, provincial, national and international initiatives to strengthen mental health for older adults/seniors.
- To promote the involvement of older adults in decision making related to activities and services which impact on their mental health.

FOCUS:

The focus of the Coalition's activities will be on older adults with mental health problems such as mood disorders, anxiety disorders, schizophrenia and other psychotic disorders. The focus will also be on seniors with health issues which occur secondarily to other diseases such as Alzheimer's disease, Stroke and Parkinson's disease. Phase One of this project will focus on seniors living in long term care facilities.

MEMBERSHIP: The CCSMH currently has 170 individual and organizational members. Any organization or individual interested in becoming a member of the CCSMH should contact Shelly Haber. It is anticipated that members will work in the field of seniors mental

health or have an interest in seniors mental health issues. A member may represent providers, consumers, policy makers, education or research organizations. Members must also be interested in making a positive change to the field of seniors mental health.

Questions, comments or suggestions for newsletter items are always welcome.

Please contact the Project Director, Shelly Haber at s.haber@sympatico.ca or at 416.781.2886.

Thanks to Population Health Fund, Health Canada


Answers That Matter.


NEUROSCIENCE