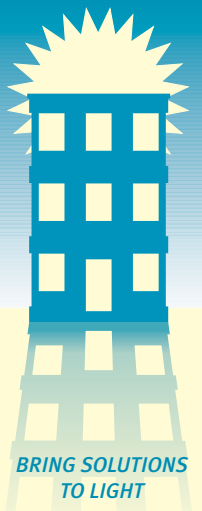


CANADIAN COALITION FOR SENIORS MENTAL HEALTH

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 SOLUTIONSCHAIRÉD BY/
PRÉSIDIÉ PARThe Canadian Academy of
Geriatric Psychiatry
Académie canadienne de
psychiatrie gériatriqueSTEERING COMMITTEE/
COMITÉ DE DIRECTIONAlzheimer Society of Canada
Société Alzheimer du CanadaCanadian Association for
Community Care
Association canadienne
de soins et services
communautairesCARP-Canada's Association
for the Fifty-Plus
CARP-l'association
canadienne des plus
de 50 ansCanadian Association of Social
Workers
Association canadienne des
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auxCanadian Caregiver Coalition
La coalition canadienne des
aidantes et aidants naturelsCanadian Geriatrics Society
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Association
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Physicians of Canada
Collège des médecins de
famille du CanadaHealth Canada - advisory
Santé Canada - consultatif

REPORT FROM THE CHAIRS

By: David Conn and Ken LeClair

From the start of this project we have been overwhelmed by the level of support received from providers, consumers and governments in moving this project forward. When we went to initiate the 2002 Symposium on Gaps in Mental Health Services for Seniors in Long Term Care Settings the substantive interest in participating reinforced the importance of what we are trying to do. In our call for resources to support the education, assessment and environment initiatives the responses were not only received from member organization but from all over the country. This indicates to us the value you all put on this initiative. To date we have well over 200 individuals and over 60 national and provincial organizations who have expressed an interest in participating in

the Canadian Coalition for Seniors Mental Health (CCSMH). Calls continue to come in weekly, both nationally and internationally to ask for more information or to find a way to have meaningful participation. As this initiative continues to move forward we will ask for your input into what we should be doing in the future, what it is you or your organization can contribute to the ever increasing collective knowledge base and equally as important how you can help disseminate the final products to ensure that they are utilized to improve the mental health of seniors living in long term care. Thank you for all your support and efforts which help make this initiative so successful. For more information about this project or how you can get involved please click on to www.ccsmh.ca.

PROJECT UPDATE

By: Shelly Haber

I would like to take this opportunity to thank all of you for responding so effectively for our call for information regarding the Assessment Reference Group, Environmental Design and Educational tools for front line workers and Caregivers. Your continued support to this project will contribute to the collection and development of a wealth of resources that can be shared among caregivers, providers, educators, researchers and policy makers to improve the mental health of seniors living in long term care settings.

Education Inventory – Caregivers

The education inventory group for caregivers has received numerous recommendations regarding educational tools for this target group. The materials are broken into various categories, Books, Videos, Organizations/ Websites, Brochures/ Newsletters/Articles, and Provincial resources. The work group is reviewing the materials against specific criteria including relevance, credibility and disclosure. The next step is to determine how the inventory will be disseminated (to which groups) and evaluate how well it is used.

Education Inventory – Front Line Workers

The Front Line Workers inventory is also well underway. Again, I would like to thank all the members who submitted excellent resources for this project. The materials for this inventory are being catalogued as Books/Manuals (with table of contents), Journals, Websites, Educational Programs and Videos. The selection criteria developed for inclusion into the inventory includes Design, Quality and Accuracy and Disclosure. The group will be spending the next few months developing a dissemination and evaluation plan.

Developing a Policy Framework to Promote the Value of Education

This team has initiated a critical review of the literature to determine if the evidence supports the benefits of education and training for staff. The review will document the benefits to manager, staff and clients. Outcome indicators may include reduced stress, increase client and staff satisfaction, reduced incidences and others. Once the review is finished a policy will be developed based on the

evidence and promoted nationally through various members. Also under development is an educational needs assessment tool based on proven methods and the experiences of the members' organizations.

Assessment Group

The Assessment Committee has a small membership which continues to grow. As a result of an electronic bulletin requesting support for this committee, we have received over thirty responses from across Canada to participate on this project. These interested members have been provided with a letter and will be contacted shortly with next steps. This committee is in its very early stages of development and is presently completing a detailed work plan for the next six months.

Environmental Design

The Environment & Design Work Group has been very busy for last six months. This committee is reviewing the literature regarding best design models for long-term care settings. In addition, the committee is completing a guideline for Physical Design Principles for Long-Term Care Settings. The committee's future goals include a) identifying evaluation tools for physical design, and b) defining how the best practices information/resources can be disseminated to the membership and beyond.

Human Resources

A pilot survey about retention and recruitment of family physicians who work in long term care facilities has been sent out to Medical Directors of nursing homes in Ontario. A national survey on this topic is planned, once preliminary data is collected with the pilot. It is hoped that the survey will give us an idea of the factors related to interest and satisfaction in this field and will provide some thoughts on improving the human resource problem in nursing homes.

Website

The Canadian Coalition for Seniors Mental Health website is now up and running at www.ccsmh.ca (English) or www.ccsmpa.ca (French). Currently there is a description of the project on the site. Openflows Networks Ltd. has been hired to help us evaluate what the site should look like. They will be contacting the membership to identify your needs and expectations as well as what you and your organization can contribute in terms of expertise to this shared resource. Please feel free to share your opinions and opportunities with us to help us make this web site a wealth of useful information.

Anyone interested in participating in any of these projects or interested in more information please do not hesitate to contact me at s.haber@symaptico.ca

VISIT OUR WEBSITE
www.ccsmh.ca
or www.ccsmpa.ca

MEMBERS PROFILE - CAREGIVER NETWORK

By Karen Henderson

Approximately 80% of all elder care is provided by family members, mainly women. Unfortunately, most of these individuals are utterly unprepared to assume such a caregiving role...more often than not they are thrust into the job without warning, because of a sudden illness or injury. In addition, there are thousands of seniors struggling to provide care for an ill spouse with too little information or support and countless health care professionals who need to help reduce care/work-place-related stress.

To help present and future caregivers make wise, considered decisions about care for their loved ones Caregiver Network/How to Care (based in Toronto, Canada) has defined four goals:

1. to provide information in the form of an all-encompassing, interactive resource centre on the World Wide Web (www.howtocare.com and www.caregiver.on.ca) to enable caregivers to find information, help, guidance and support the moment they are needed.

2. to provide educational seminars and consulting expertise to help caregivers cope with crisis management and long term planning while maintaining their own health and lifestyle.

3. to provide individual consulting to caregivers and families
4. to provide support and practical caregiving tools through our video series, Personal Care Binder and quarterly newsletter.

Caregiver Network/How to Care was founded by Karen Henderson, herself a caregiver for her 93-year old father until he died, because she couldn't find help or support when she most needed them. Karen shares her personal caregiving and dementia insights on the web site (www.caregiver.on.ca) through the link "On My Mind" with the hope that other caregivers will be able to maintain their own health and lifestyle throughout this challenging experience. Our particular areas of passion are care for the caregiver, long term care, dementia and end-of-life care.

PSYCHOSOCIAL APPROACHES TO MENTAL HEALTH CHALLENGES OF LATE LIFE

By Penny MacCourt

The goal of this project is to develop the capacity of communities across Canada, through a comprehensive, integrated cross-sectoral approach, to use psychosocial approaches to promote seniors' mental health, and to prevent and/or address mental health problems. In order to meet this goal the project intends to:

- (1) find out from seniors how they successfully cope with critical transitions;
- (2) find out from seniors key elements in programs and services that are helpful to them;
- (3) identify promising psychosocial approaches and models that promote seniors' mental health or prevent or address mental health problems;
- (4) develop a mental health impact model with which to assess the effect of policies and programs on seniors' mental health;
- (5) develop useful community resources based on the finding and experiences of this project;
- (6) create a national network amongst organizations, sectors (ie: mental health, gerontology, researchers), and government related to psychosocial approaches to mental health and mental health problems.

In order to accomplish the project objectives a network of seniors' organizations, government and non-government organizations providing services to seniors, provincial psychogeriatric organizations and universities, across five provinces, is collaborating. An Advisory Committee has been formed (of which the CCSMH is a member) to provide expertise and experience in the project's execution.

Seniors and service provider focus groups will be held in rural and urban, French and English communities. Information about how seniors cope with critical transitions, and what helps, will be gathered from seniors, and the information published in pamphlets for their peers. Information about psychosocial approaches used to promote mental health and to prevent or address mental health problems will be gathered from seniors' representatives and service providers in the community focus groups, and then compiled in a source book. A mental

health impact model will be developed, evaluated and printed for this project.

A national invitational Joint Planning Workshop will be held in 2003, and mark the beginning of a national network for those interested in psychosocial approaches to the mental health challenges of late life. At this meeting seniors organizations, service providers and researchers will come together to share their knowledge about successful psychosocial approaches to seniors' mental health, community development strategies, and to participate in the development of project community resources.

The success of this project rests in part on the capacity to build on the interest and work of others, and to share that knowledge through a network that connects communities and individuals and facilitates sharing and cross fertilization of ideas and projects.

The project's website is www.seniorsmentalhealth.ca. Organizations are invited to register their contact information and interests via the website registry. A web page called "Psychosocial Approaches" provides a template for submitting information about successful psychosocial approaches being utilized. This will become the project Psychosocial Resource manual. Another web page "Milestones" identifies where and when focus groups are conducted or presentations are made. As reports are completed, they will be posted on this page, as will the literature reviews conducted for the project.

Others ways to become involved include:

- hosting a focus group for a specific population or around a specific issue;
- sharing related literature, government, research or project reports;
- suggesting ways this project might "fit" with another; or
- by providing contacts about organizations or workshops where information about the project could be presented and shared.

Please contact Penny MacCourt at pmaccourt@shaw.ca, or 250-755-6180 (ph) if you wish to become involved in the project or desire any further information.

CONFERENCE WATCH!

Enhancing the Human Connection in the Age of New Technologies: Implications and Opportunities for the Aging"

IPA Eleventh International Congress • Chicago, United States • 17- 22 August 2003

This IPA Congress will highlight not only the major new developments in technology and treatments, but take the further step of understanding their human implications and enhancing the technological/human connections. With delegates all over the world expected to attend, this promises to be the largest gathering of professionals dedicated to psychogeriatrics ever assembled

for a single meeting, and you won't want to miss it! All healthcare professionals with an interest in the mental health of the elderly are encouraged to attend and submit an abstract for consideration.

For more information, please visit the Congress website at www.ipa-online.org/2003Congress or email chicago2003@ipa-online.org

MENTAL HEALTH EDUCATION IN LONG-TERM CARE

By Susan Lieff M.D., M.Ed., FRCPC

Due to the high prevalence of psychiatric disorders (80%) in long-term care facilities they have become the de facto institutions for elderly patients with mental illness. Common problems include depression and behaviours associated with dementia. A number of studies have identified that the priority learning need of health professionals in long term care facilities is for mental health education. Specific topics include the biopsychosocial process of aging, supporting mental health, difficult behaviours, acting as advocates, providing emotional support and interpersonal communication.

In an ideal circumstance the educator is a mental health clinician who provides a consultation service to the home. The value of the onsite psychiatrist or specialist nurse clinician educating allied health professionals in their context with general principles learned from individual cases has been demonstrated to improve patient care because of increased knowledge and skill and changes in attitudes. Critical to the success of mental health training programs is demonstrable and consistent support from the administration. Differential success rates can be directly attributed to the degree of administrative support. The administrator can facilitate an educational program by encouraging nursing supervisors to support a program, publicizing the program, communicating the program's value, encouraging staff to attend, encouraging release time from duties, providing compensation and creating incentives and rewards for successful completion of the program.

All education activities, large or small, in a nursing home can be structured according to the following key elements: (a) needs assessment, (b) program development and (c) evaluation. Evaluation of needs must include not only the intended audience's perceived needs, but should be complemented by other measures aimed at identifying non-perceived and misperceived needs. These can be identified through chart audits, a

review of psychotropic utilization in the nursing home, the literature on psychiatric illness in the nursing home, or the clinical experience of the consultant. Programs, which are onsite, easily accessible (e.g., staff coverage available, scheduled around change of shift) and mandated as a requirement are more likely to be attended. Programs that employ a variety of teaching methods over an extended period of time with opportunities for knowledge to be applied and skills to be observed and reinforced have been shown to be the most successful at demonstrating observable changes in behavior and patient outcomes (11) Educational programs should maximize opportunities for learners to actively engage in learning and interact with teachers; their content should be based on material which is meaningful to the learners' context.

Evaluation of an educational program is essential. Information gathered in the process of evaluation provides both evidence of the program's effectiveness, and guidelines for ways in which future programs could be modified to better meet the learning needs of the target audience. Several outcomes are typically selected when evaluating the impact of an educational program. These may include measures to assess: a) the participants' satisfaction with or perception of the program, b) changes in the participants' degree of knowledge, skill, or attitude, c) changes in the participants' actual performance or behaviour in the clinical setting, d) changes in the mental health status of individuals receiving care from the participants, and e) the cost-benefit ratio associated with the program.

The long-term care environment is changing as those who ultimately require residential care have much more severe and complex, mental health and physical problems. It behooves those who care for this increasingly fragile population to implement education initiatives directed at promotion of mental health in long-term care.

MEMBERSHIP

The CCSMH currently has well over 200 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

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 NEUROSCIENCE