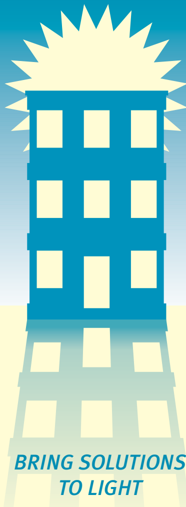
VOLUME 1 NUMBER 3 – SUMMER 2003

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 LIGHT

METTRE EN LUMIÈRE LES SOLUTIONS

CHAIRED BY/ PRÉSIDÉ PAR

The Canadian Academy of Geriatric Psychiatry
Académie canadienne de psychiatrie gériatrique

STEERING COMMITTEE/ COMITÉ DE DIRECTION

Alzheimer Society of Canada
Société Alzheimer du 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 ravailleuses et travailleurs sociaux

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

We are pleased to have the continued support from both the general membership and the Steering Committee members. As a result of your support the CCSMH continues to make headway in the areas of advocacy and education. The CCSMH's presentation to The Standing Senate Committee on Social Affairs, Science and Technology: Mental Health and Mental Illness was well received and reinforced the importance of addressing seniors' mental health. We continue to present at various meetings as a means of creating awareness for the problems facing mental health services for an aging population. During the Fall 2003 we will be publishing our two educational catalogues: Front Line Workers and Caregivers. These catalogues compile the best products available to help these target groups obtain quality information regarding seniors mental health. We will continue to plan for many more opportunities to bring people, ideas and resources together to share information, learn from one another and influence change. We look forward to continuing to work with all of you.

PROJECT DIRECTORS REPORT

By: Shelly Haber

The summer months have been busy. There are a number of projects that we are working to finalized by the end of 2003.

Education: The two committees; Front Line Workers and Caregivers provided incredible support to the development of the catalogues. These catalogues list excellent educational products (books, videos, websites, programs, etc) that will be used in long term care settings and associations to help enhance the care given to seniors with mental health and behavioural issues. Before we produce the final version of these catalogues, PDF versions will be made available on the website for input and comment from the membership. We hope that you can provide us with feedback prior to going to publication. An electronic notice will be sent to all members about the catalogues.

Website: The design of the website is under discussion. We are trying to create a user friendly tool that provides information to both professionals and consumers. Throughout the fall information will be posted to the site that will help "connect people, ideas and resources". If you would like your site linked to the website or have specific information that you believe is relevant to seniors' mental health and should be shared please let us know.

Brochures: By Fall we will have brochures available for the general public that describe the CCSMH and provides fact sheets; one on seniors' mental health in general and a second one on the specific issues related to long term care.

Assessment and Treatment: The Assessment Committee is working on the development of a National Reference Group (NRG) which will facilitate the review and dissemination of best practices in psychosocial assessment in long term care facilities. The NRG will be comprised of experts and stakeholders in the assessment field for senior's mental health representing various disciplines, geographic regions, health care sectors and spheres of influence (service, education, research and policy). As the NRG is consolidated, it will begin reviewing assessment strategies, methods and measures to develop an evidence-based compendium of recommended best practices. Additional opportunities include promoting effective education in assessment and or reviewing policy related development in assessment within and between provinces.

Research: The CCSMH is in the early phases of developing a proposal for a research workshop. The proposal will be sent to Canadian Institutes for Health Research requesting funding for a workshop on "Setting Seniors Mental Health Research Priorities". It is hoped that the recommendations arising from the workshop will be sub-

mitted to CIHR for inclusion into their strategic priorities.

Presentations: We continue to advocate for seniors mental health. Presentations are made whenever possible to organizations and groups who are interested in what we are trying to do. As a mean of keeping you informed of our public awareness activities the following are the presentations about the CCSMH made by the members.

- National Healthcare Leadership Conference, Winnipeg, June 10, 2003, Presentation by David Conn (Canadian Academy of Geriatric Psychiatry) and Shelly Haber
- Canadian Mental Health Association, Yellowknife, July 18-19, 2003, Presentation by Sharon Moore (Canadian Nurses Association)
- International Psychogeriatric Association, Chicago, August 17, 2003, David Conn
- Ontario Gerontology Association, Toronto, October 30, Shelly Haber

MEMBERS PROFILE - CANADIAN ACADEMY OF GERIATRIC PSYCHIATRY

The Canadian Academy of Geriatric Psychiatry (CAGP) was one of the founding members of the Canadian Coalition for Seniors Mental Health. The CAGP is a national organization of psychiatrists dedicated to promoting mental health in seniors through the clinical, educational, research and collaborative activities of its members. There are approximately 200 current members from across Canada.

The purpose of the CAGP is to:

- Promote and participate in educational programs that will foster good psychiatric care for older adults and promote their mental health,
- To promote research in geriatric psychiatry,
- To provide an annual national forum and vehicle for the dissemination of scientific and clinical information in geriatric psychiatry,
- To collaborate with relevant organizations and governmental bodies in the development of mental health care resources for Canada's seniors population.

As one of its collaborative projects, the CAGP initiated the "Millennium Project" whose purpose was to "to improve mental health of the elderly in long term care through education, advocacy and collaboration". To further this goal the Millennium Project Team invited a number of national organizations to help organize a two day Symposium for the purpose of identifying issues and creating solutions. The Symposium drew over 95 stakeholders from across Canada. The Symposium was a huge success resulting in the creation of the Canadian Coalition for Seniors Mental Health (CCSMH).

The CAGP continues to commit human and financial resources to promote seniors mental health. Drs. David Conn and Ken LeClair of the CAGP co-chair the CCSMH and apply extraordinary amounts of time to support the project. For more information about the CAGP please go the website at www.cagp.ca.

PRINCIPLES OF DESIGN FOR LONG TERM CARE SETTINGS

The Health Environments working group has spent most of the year reviewing best practice materials related to environmental design for long term care settings. This working group has been chaired by Allan Bradley and supported by Penny McCourt, Susan Slaughter, Barbara Snelgrove, Daniel Gagnon, Lucy Desmeules, Dianne Anderson, Marlene Smart with Rishma Mirshahi as staff support. The final work of this group will be available on the website by late 2003. The group also collaborated on the development of "SUPPORTIVE PHYSICAL DESIGN PRINCIPLES FOR LONG-TERM CARE SETTINGS" which they believe should be taken into consideration during the design phase. These design principles can be found on the last page of this newsletter.

As well, the group is planning to work on a follow up document to examine supportive psychosocial design principles in the winter 2003.

NEW WAYS OF TREATING ELDERLY PATIENTS WITH DELIRIUM DEFIES CONVENTIONAL MEDICAL WISDOM

A recent research study by geriatricians at St. Louis University documents a new treatment model for delirium. The geriatricians found that elderly patients with delirium do better if they are placed together and cared for in the Delirium Room, essentially a four-bed intensive care unit. Because there are no walls in the Delirium Room, a highly trained certified nursing assistant or registered nurse can constantly monitor their conditions, picking up on potential problems early to prevent them from escalating. Physical restraints are not used and medication to quiet patients is the last-choice treatment. For further information regarding this study please go to the following web link. http://www.sciencedaily.com/releases/2003/07/030716090614.htm

THE STANDING SENATE COMMITTEE ON SOCIAL AFFAIRS, SCIENCE AND TECHNOLOGY: MENTAL HEALTH AND MENTAL ILLNESS

The CCSMH was invited to present to the Standing Senate Committee on Social Affairs, Science and Technology: Mental Health and Mental Illness on the issues and opportunities related to seniors mental health. Also presenting on this issue was the Alzheimer Society Canada; Venera Bruto, Psychologist, Hamilton Health Sciences Centre, Ontario; and Margaret Gibson, Psychologist, Veterans Care Program, St. Joseph's Health Care London, Ontario. The presentations were all well received. The CCSMH presentation to the committee can be viewed on our website www.ccsmh.ca. The full proceedings of this meeting can be viewed at the Government of Canada website (http://www.parl.gc.ca/37/2/parlbus/commbus/senate/Com-e/soci-e/17cv-e.htm?Language=E&Parl=37&Ses=2&comm_id=47).

CONFERENCE WATCH!

The 32nd Annual Scientific and Educational Meeting of the Canadian Association on Gerontology, and the 22nd Annual Meeting of the Ontario Gerontology Association jointly held at the Holiday Inn, 370 Kings St.W., Toronto, October 30-November 1, 2003.

The Second Canadian Colloquium on Dementia the Marriott Château Champlain Montreal, Quebec; October 16-18, 2003

The 4th International Conference on Social Work in Health and Mental Health Quebec, PQ, May 23-27, 2004

SUPPORTIVE PHYSICAL DESIGN PRINCIPLES FOR LONG-TERM CARE SETTINGS

The physical environment is an important determinant in psychosocial and health outcomes for older adults with mental health challenges living in long term care settings. The goal is to maintain and enhance the person's well-being and quality of life.

A supportive environment includes physical design concepts as well as the social environment and organizational setting. Supportive physical design provides safe shelter, accommodates individuality, enables physical function, fosters social interaction and meaningful activities.

The purpose of this document is to highlight supportive physical design features for older adults with mental health challenges living in long-term care settings.

1. Maximizing safety and security

The person is protected from harm or injury (e.g., not exposed to sharp objects, hazardous materials, risks of falls or accidents) and experiences a sense of security.

Indicators:

- Equipment and hazardous materials are locked away.
- Equipment is in good condition.
- Handrails are in the hallways.
- Grab bars are in the bathrooms.
- Hallways are free of clutter with plenty of storage space.
- Flooring is glare-free.
- Exits are disguised in dementia care areas & are evident in mental health areas.
- Secure / alarmed exits are present only in dementia care areas where elopement is an issue and are rarely used in mental health areas.
- A person has access to a secure outdoor space.
- Outdoor space has weather appropriate seating offering protection from extreme weather conditions

2. Maximizing awareness and orientation

The extent to which users, residents as well as staff and visitors can effectively orient themselves to physical, social and temporal dimensions of the environment.

Indicators:

- Resident's rooms are personalized for example a name plus additional cues such as special door colour, room number, curio cabinet at the entrance
- There are way-finding cues or signage (e.g. directions or icons) to identify: Dining room, Activity area, Washrooms, Lounge, Kitchen
- Clocks and calendars are of adequate size and visible
- Outdoor view

3. Supporting functional abilities

The physical environment supports both the practice of, and continued use of everyday skills. These skills can be divided into both activities of daily living (ambulation, dressing, grooming, bathing, toileting, and eating) and instrumental activities of daily living (telephoning, cleaning, making bed, helping in the kitchen).

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Indicators:
- Universal design concept
- Sufficient lighting in the day
- Specialized lighting at night (night light or lights that come on when resident gets out of bed)
- Taps easy to turn on and off with arthritic hands
- Elevated toilet seats
- Grab bars and hand rails around bath and toilet
- Counters that can accommodate wheelchairs
- Light switches at wheelchair height
- Variety of bathing options (hand held shower, regular shower, regular bath tub, specialized bath tub eg century tub)
- Chairs and sofas provide good back support and are not too low
- Beds can be raised and lowered very close to the ground
- Window coverings prevent early morning and late afternoon glare

4. Facilitating social contact and interaction

The physical environment supports social contact and interaction among residents, staff and visitors.

Indicators:
- Multiple small lounges or alcoves to encourage conversation
- Spaces to accommodate meaningful activity
- Large gathering room
- Kitchen accessible to the residents

5. Providing for privacy

The extent to which input from (e.g. noise) and output to (e.g. confidential conversations) the larger environment are regulated.

Indicators:
- Private rooms are available.
- Privacy is accommodated in shared rooms (curtains, partial walls)
- There are spaces for quiet times.

6. Providing opportunities for personal control

The extent to which the physical environment, and rules governing its use, provide residents with opportunities to exercise personal preference, choice, and independent initiative.

Indicators:
- Doors to outdoor gardens and other activity areas are unlocked
- Variety of activities and spaces available and accessible

7. Regulation and quality of stimulation

Positive stimuli are frequent and strong enough to provide interest and novelty without exceeding tolerable levels. The goal is stimulation without stress.

Indicators:
- Pleasant smells – cooking/baking, flowers
- Enjoyable sounds throughout the unit (avoid overhead music)
- Noise is minimal with soft surfaces to absorb sound (wall hangings, quilts)
- TV is not left on.
- No public address system.
- Interesting things to see (decor, pictures, magazines)
- Interesting things to do are accessible (piano, sound system with CD collection, TV VCR with video collection, games ...)
- Interesting places to go are accessible (enclosed garden, kitchen, family dining room, craft room, space to wander without running into dead ends – circular hallways with places to sit along the path).
- Well ventilated smoking room with adequate supervision (generally thought to be important for mental health clients)

8. Promoting continuity of the self

The physical environment preserves continuity between the resident's past and present.

Indicators:
- Space is allocated for personal objects/possessions and furniture
- Homelike, familiar, non-institutional ambiance
- Public areas contain comfortable furniture, decorative items
- Institutional equipment (e.g. laundry carts or mechanical lifts) is stored out of sight.
- There is no nursing station. Staff meet in a staff room and documentation / office work happens in a separate room – not in the middle of the resident's home.
- If there are long hallways, they lead to interesting or stimulating sitting areas.

References:

Lawton, M.P., Weisman, G.D., Sloane, P., Norris-Baker, C., Calkins, M., & Zimmerman, S.I. (2000). Professional environmental assessment procedure for special care units for elders with dementing illness and its relationship to the Therapeutic Environment Screening Schedule, Alzheimer Disease and Associated Disorders, 14(1), 28-38.

Norris-Baker, L., Weisman, G., Lawton, M.P., Sloane, P. (1999). Assessing special care units for dementia: the Professional Environmental Assessment Protocol. In: Steinfeld E.A. Danford, G.S. eds. Measuring enabling environments, New York: Plenum.

Environments for People with Alzheimer Disease: Issues, Case Studies & Design Guidelines (revised edition) Dec. 2002; Alzheimer Society of Manitoba, 10-120 Donald Street, Wiinnipeg, MB R3C 4G2, tel 204-943-6622

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.

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