



The Canadian Coalition for Seniors' Mental Health (CCSMH)

Written Submission to The Standing Senate Committee On Social Affairs, Science And Technology

*The Honourable Michael J.L. Kirby, Chair
The Honourable Wilbert Joseph Keon, Deputy Chair*

Prepared by the Canadian Coalition for Seniors' Mental Health
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ACKNOWLEDGEMENT

The Canadian Coalition for Seniors' Mental Health (CCSMH) wishes to thank The Honourable Michael J.L. Kirby, Chair of the Committee and The Honourable Wilbert Joseph Keon, Deputy Chair of the Committee for their extraordinary commitment and dedication to the thorough examination of mental health and mental illness in Canada.

In addition, the CCSMH wishes to acknowledge the following additional Senators who have participated in the study on the state of the health care system by the Standing Senate Committee on Social Affairs, Science and Technology:

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Ex-officio members of the Committee:

The Honourable Senators: Jack Austin P.C. or (William Rompkey) and Noël A. Kinsella or (Terrance Stratton)

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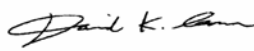
The Honourable Senators Di Nino, Forrestall, Kinsella, Lynch-Staunton, Milne and Murray:

Finally, the CCSMH is honoured and pleased to be asked to participate in providing further evidence relating to seniors' mental health and illness, in preparation for the Committee's final report. The CCSMH looks forward to a continued partnership in both the short and long term.

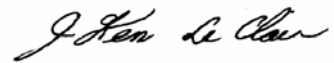
Sincerely,



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**The Canadian Coalition for Seniors' Mental Health
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Technology**

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1.0 Responding to the Interim Report of The Standing Senate Committee on Social Affairs, Science and Technology

1.1 Introduction & Comments on the Report

The Canadian Coalition for Seniors' Mental Health (CCSMH) is pleased to provide the Committee with the following submission. Overall, the CCSMH was impressed with the comprehensiveness of the Interim Report and especially pleased that seniors were recognized as a special population group. The following response provides specific comments on the Committees' report as well as recommendations for the final report. In addition the Committee is provided with the CCSMH Framework for moving forward on a national seniors' mental health strategy. This framework is a work in progress but essential for the Committee to understand in order to recognize the specific needs related to seniors mental health.

The CCSMH would be pleased to further support the committee in preparation for the final report in addition to any action or work that will take place once the final report is released.

Comments on the Report

Putting a Human Face on Mental Illness: Individuals who choose to work within the field of mental health, often do so in order to enhance the lives of those individuals within our society who are affected by mental illness. Though there exists an enormous stigma around mental health issues and a the lack of understanding and acceptance within society that mental illness is in fact a medical problem, practitioners continue to strive to put a human face on the various issues. It was a welcomed surprise to read vignettes of those who shared their first hand experiences with mental health and addictions issues. It is through listening to those who share their stories, challenges and visions that change in care and acceptance will occur and that mental health and illness in Canada will evolve for the better. The Committee should be commended on recognizing the need and value to humanize mental health and illness.

Inclusion of Seniors' Mental Health: In 2001, one Canadian in eight was aged 65 or over. By 2026 this number will be one in five (21.4 % of the population). Although seniors range in age, statistics indicate that the fastest growth in the seniors' population is among the oldest Canadians. Specifically, in 2001, over 430,000 Canadians were 85+. This number is expected to grow to 1.6 million in 2041 (4% of the overall population) which is of great importance given that people in this age range generally have greater social support and health care needs than younger seniors. In addition, many Canadians are unaware of the fact that the number of Aboriginal seniors' is expected to triple between 1996 and 2016.¹

Given that the growth of the seniors' population will account for close to half of the growth of the overall Canadian population in the next four decades, the CCSMH was pleased that The Committee acknowledged in Chapter 2 of Report 1 that "...mental illness and addiction affect individual Canadians **of all ages**" and that seniors were identified as a special population group in Report 3. Yet, it was also apparent, that more examples, statistics and vignettes specific to seniors' mental health are necessary to communicate the urgency to not only address mental health, but specifically seniors' mental health.

Examples of statistics and facts related specifically to seniors' mental health include:

- Data on seniors living in the community indicates that between 2% to 4% suffer from serious clinical depression. However, if all persons with depressive symptoms are included, the rate rises to between 10% and 15%. It is estimated that by 2021, there will be 1 million Canadian seniors with depressive symptoms.²
- The prevalence of schizophrenia in the general population is estimated to be 1% for all age groups, whereas the prevalence of psychosis in nursing home residents ranges from 12% to 21% depending on how psychotic symptoms are measured. In seniors, psychotic symptoms are associated with dementia or delirium. Behaviours increase caregiver burden.²
- The incidence of depression in seniors in long-term care settings is three to four times higher than the general population. Studies suggest that the prevalence rates for all mental disorders among nursing home residents are between 80% and 90%.² This number in U.S. Nursing homes is 65%-91%.³ Yet, a study of long-term care facilities in Ontario revealed that 88% of nursing homes received five or less hours per month of care by a psychiatrist for their entire institution.⁴
- The incidence of suicide among men 80 years of age and over is the highest of all age groups. These deaths are premature and preventable.⁵
- Caregivers for seniors with mental illness require support to alleviate the burden. Many are caregiving for parents or are seniors themselves requiring education, respite and service access
- The prevalence of delirium in hospitalized elderly ranges from 10%-40%. Those who develop delirium have a 22%-76% chance of dying during hospitalization. Yet, several solutions are available to treat delirium⁶

The CCSMH recognizes that one reason for the lack of understanding of seniors' mental health is due to the fact that many view mental illness as a normal part of aging. Some believe that mental illness in seniors only means dementia. These misperceptions of fact are not true. Seniors suffer from a wide array of mental illnesses 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.

Although early detection and treatment can have a significant impact in slowing down or even reversing some mental disorders with this age group, seniors are among the most under-treated populations in mental health. In fact, the *Canadian Family Physician* reported that mental health problems go undetected in more than 1/3 of the population aged 65.⁷ This is due in part to a lack of public awareness, need for greater inclusion of the issues within curriculum and the need for further education and training within all health care sectors.

Seniors' mental health is also complicated due co-morbidity factors. Though the majority of the population aged 65+ are living at home in the community, they are diagnosed as having a chronic health condition (i.e. 40% arthritis/rheumatism, 30% high blood pressure, 16% chronic heart problems, 10% diabetes etc.).⁸ Those seniors that require services within long-term care, complex continuing care and acute care often both have nursing and medical needs. Unfortunately, a reality exists that physical illness often takes precedence over mental health and illness needs.

National Information Database, Research and Technology: Report 3, chapter 6, recognized the need for a commitment to developing a national information database. It is well known within the seniors' community that although some statistics do exist, there is an inaccurate collection, reporting and

understanding of the true prevalence of seniors' mental health. In addition, seniors' mental health research must be elevated to a status of urgent need in order to catch up to the growing seniors' population.

Recognition of Stigma and Discrimination: The Committee must be congratulated for raising the importance of addressing stigma and discrimination. Unfortunately, seniors face a double stigma. A future campaign would have to be targeted to address both ageism and mental health.

System Coordination and Integration with Strong Focus on Community-Based Delivery: The CCSMH is pleased that the Committee recognizes the need for a seamless system that has a strong focus on community based delivery. It is imperative that seniors living in the community receive early detection and intervention. Access continues to be a barrier for seniors in addition to availability of services, screening and the provision of mental health services as opposed to physical health services.

Although community-based delivery is imperative for seniors, the Committee must recognize that many seniors reside in long-term care (i.e. nursing homes, complex continuing care, retirement/assisted living facilities etc). It necessary to ensure that these places of residence also provide mental health and illness services and that the need to develop capacity to respond to the needs of seniors is addressed adequately.

1.2 Recommendations for the Final Report

The CCSMH wishes to propose the following recommendations related to seniors' mental health:

- Continue to put a **human face on mental illness** by providing vignettes through the report. It is also recommended that vignettes specific to the seniors population be included
- Within the report, it is imperative to clearly communicate that mental health **prevalence** and issues occur for all Canadians, including those over the age of 65. **Any recommendations must be applicable across the agespan, and specific consideration must be made for seniors**
- Given the expected growth of the seniors' population and the unique needs for seniors with mental illness, there is a **need to once again identify seniors as a special population group**. A dedicated section/chapter should identify the following at a minimum:
 - Definition of seniors' mental health
 - Continuum of care entry points
 - Service delivery and housing challenges within the community and long-term care
 - Specific Research, Data, Funding, & Accountability (i.e. standards) requirements
- The issue of **structural discrimination** must be addressed in order to recognize the need to reform a system that provides less funding and accountability for mental health services. For seniors', discrimination is found in the funding or prioritizing of physical services vs. mental health services.
- The CCSMH strongly supports a recommendation for a **national strategy to combat stigma and discrimination**. A specific plan of action would be required to address the specific **education and raising awareness** needs of the 65+ population group

- Though the CCSMH acknowledges the debate over commonly accepted language related to mental illness and addiction, the term “**recovery**” is a challenging term for the seniors’ mental health community. If the term is to be used, it is imperative that the definition clearly be identified as based on a treatment and system approach that aims to allow for a maximum quality of life
- The CCSMH strongly supports a recommendation for a **national information database, increased research and enhanced technology focused on mental health**. The CCSMH has taken the first steps to identifying a **National Seniors’ Mental Health Research Agenda** and has provided a copy of the final Workshop Report as part of the submission package.
- The CCSMH strongly supports a recommendation that recognizes the need for integration and collaboration between the federal, provincial and territorial governments. There is an urgency to recommend a National Strategy with dedicated resources and accountability from all levels of government. An overarching body (with national seniors’ representation) must be created to develop and implement a long-term National Strategy.
- The CCSMH would be happy to work with the Committee to identify additional statistics and gaps in information related to seniors’ mental health. These should be included in the final report.

2.0 THE CANADIAN COALITION FOR SENIORS' MENTAL HEALTH

2.1 The Formation of the CCSMH: Mission, Goals and Strategic Initiatives

Following the 2-day symposium on “Gaps in Mental Health Services for Seniors in Long Term Care Settings” hosted by the Canadian Academy of Geriatric Psychiatry (CAGP), the CCSMH was established. In 2002, Dr. David Conn and Dr. Ken Le Clair, (CCSMH co-chairs) took on the leadership task of partnering with key national organizations, creating a mission and establishing goals.

The mission of the CCSMH is to promote the mental health of seniors by connecting people, ideas and resources. The primary goals of the CCSMH include:

- To provide national leadership for seniors' mental health
- To facilitate strategic initiatives that can be implemented on local, provincial and national levels
- To build alliances and relationships
- To be positioned as the key resource for issues/information related to Seniors' Mental Health

Strategic initiatives are facilitated by the CCSMH with the focus on the following areas:

- Advocacy and Collaboration ♦ Public Awareness & Education
- Family Caregivers ♦ Research
- Promoting Best Practices in Assessment and Treatment

2.2 CCSMH Steering Committee and Membership

Steering Committee: The CCSMH has a volunteer Steering Committee that provides ongoing strategic advice, leadership and direction. The Executive Director reports directly to the co-chairs and indirectly to the Steering Committee. The members include:

The Canadian Academy of Geriatric Psychiatry	David Conn & Ken Le Clair (co-chairs)
Alzheimer Society of Canada	Ilona Horgen
CARP, Canada's Association for the Fifty-Plus	Judy Cutler
Canadian Association of Social Workers	Marlene Chatterson
Canadian Caregiver Coalition	Esther Roberts
Canadian Geriatrics Society	David Hogan
Canadian Healthcare Associations	Allan Bradley
Canadian Mental Health Association	Barbara Youngblut & Bonnie Pape
Canadian Nurses Association	Sharon Moore
Canadian Psychological Association	Maggie Gibson & Venera Bruto
Canadian Society of Consulting Pharmacists	Margot Priddle & Norene Graham Robinson
College of Family Physicians of Canada	Chris Frank
Canadian Association for Community Care	Joan Campbell
Health Canada (Advisory)	Louise Plouffe

Membership: The CCSMH is composed of organizations and individuals representing seniors, family members and caregivers, health professionals, frontline workers, researchers and policy makers. There are currently over 85 national and provincial organizational members and over 450 individuals. There is no membership fee to ensure that there are no barriers to participation. Members are encouraged to participate on sub-committees and to share resources, project work and initiatives.

3.0 CCSMH FRAMEWORK FOR MOVING FORWARD ON A NATIONAL STRATEGY

3.1 Overview and Principles

Overview: Given the growing seniors' population and inevitable growing prevalence of seniors' mental illness, a national strategy focused on seniors' mental health and illness is urgently required. As a first step, the CCSMH is working on a draft framework for moving forward. The framework is made up of three (3) round layers including:

- The Centre Circle– Key Principles
- The Inner Circle with 4 Quadrants (Four Cornerstones for Action)
 - Policy & Care Delivery Frameworks
 - Data, Research & Knowledge Transfer
 - Public Awareness & Education
 - Stakeholders: Collaboration & Capacity
- The Outer Circle – Enablers

Each of these layers is described in greater detail below.

Principles: Although the principles for a National Mental Health Strategy should be similar for all groups, the CCSMH wishes to highlight the following principles that guide the work of the Coalition:

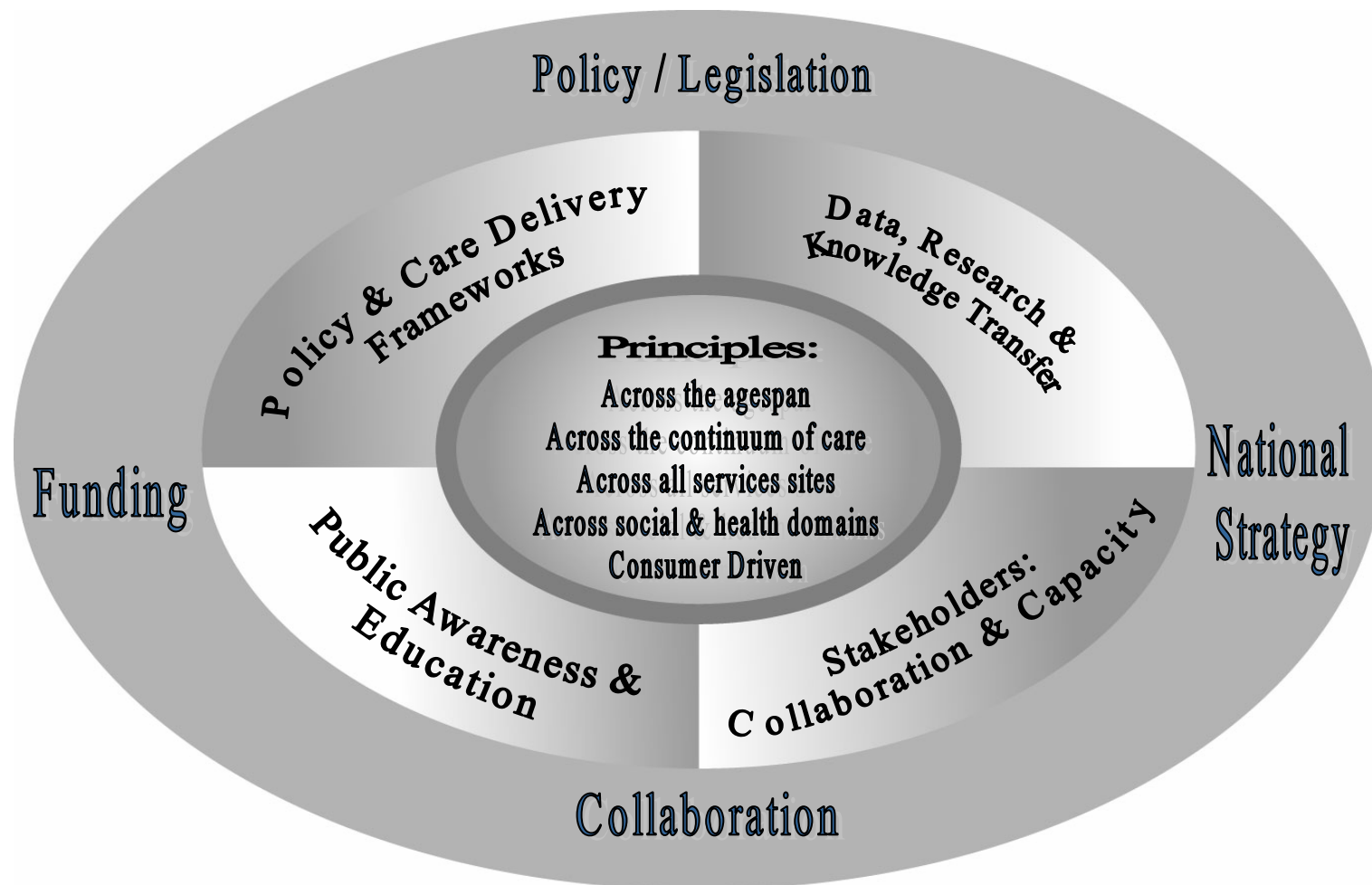
- **Across the agespan** – A National Strategy must address the needs of all age groups including seniors. In addition, there must be recognition of the varying needs of seniors whose ages range from 65 to over 100.
- **Across the continuum of care** – A National Strategy must address all aspects of the continuum of care including, but not limited to, health promotion, prevention, screening, assessment, treatment, monitoring and support (for consumers and caregivers).
- **Across all service sites** - Services must be inclusive of all service sites including, but not limited to the community, home care, long-term care and acute care.
- **Across social and health domains** – Multiple domains including but not limited to the medical and social domains must be considered. In addition, multidisciplinary, collaborative approaches must be considered.
- **Consumer driven** – A National Strategy must be designed as a consumer driven plan. Consumers include not only the individual with mental health issues, but also their caregiver(s).

3.2. Inner Quadrants – Four Cornerstones for Action

The Four Cornerstones for Action represent the over-arching four areas of focus for all strategic work of the CCSMH. Each of the CCSMH strategic areas falls within one or more quadrants. The four Cornerstones include:

- Policy & Care Delivery Frameworks
- Data, Research & Knowledge Transfer
- Public Awareness & Education
- Stakeholders: Collaboration & Capacity

CCSMH FRAMEWORK FOR MOVING FORWARD ON A NATIONAL STRATEGY



- **Outer Circle – Enablers**
- **Inner Quadrants – Four Cornerstones for Action**
- **Centre Circle – Guiding Principles**

Cornerstone #1: Policy & Care Delivery Frameworks

This Cornerstone focuses on the following areas:

- Service Delivery
- Service Entry Points
- Standards and Guidelines for Care
- Access Issues
- Housing
- Capacity Building

Current initiatives that the CCSMH is engaged in specific to this cornerstone include:

- **Strategic Initiative: National Guideline Project – Creation of National Guidelines for:**
 - **Assessment & treatment of delirium**
 - **Assessment & treatment of depression**
 - **Prevention & assessment of suicide**
 - **Assessment and treatment of mental health issues in long-term-care (focus on behaviour and mood)**
- **Strategic Initiative: Implementation and Dissemination of Guidelines** (future opportunity)
- **Strategic Initiative: Assessment and Treatment Project** – Creation of a National Survey to better understand current practices and best practices in the assessment of mental health issues for seniors
- **Strategic Initiative: Recruitment and Retention Initiative** – Survey of Medical Directors (in Long-Term Care) opinions on recruitment and retention.

There are many additional initiatives that the CCSMH would like to provide leadership on, if the necessary resources were made available.

Key Messages

- ❖ **Standards and guidelines for care are critical to ensuring that seniors' specific needs are managed responsibly and to ensure maximum quality of life**
- ❖ **Service delivery must follow the consumer regardless of whether he/she resides in the community, long-term care or within the acute care system**
- ❖ **Housing remains a serious issue for seniors' with mental illness**
- ❖ **All policy must address the needs of individuals across the agespan**
- ❖ **There is an urgent need to address recruitment and retention for all disciplines related to seniors' mental health**

Cornerstone #2: Data, Research & Knowledge Transfer

As the senior population continues to grow, there is an increasing need for research specific to the area of seniors' mental health. Not only must the focus be on research investigating biological, cultural, social and environmental factors that alone and in various combinations lead to the development of seniors' mental health concerns, but also on the application of research findings to improve care and delivery of service. As we move along the age continuum, the various risk factors for illness change. Identifying effective ways to prevent mental health problems would have a tremendous impact on quality of life as we age. New information required to fill our existing gaps in knowledge cannot be achieved without research.

The challenges for seniors' mental health are diverse in nature. The lack of current data on prevalence remains a serious problem, as there is no understanding of the current number of those aged 65 with mental illness. There is an urgent need for a national database that measures prevalence of mental health conditions within the 65+ age group across the continuum (i.e. acute, community, long-term care, complex continuing care). Furthermore, because prevalence, clinical presentation, service-delivery systems, assessment, treatment response, caregivers, and treatment outcomes vary from other age groups, the actions of data collection, research and the transfer of new knowledge for the age group 65+ must be identified as a priority. Finally, it is imperative that current National Research bodies collaborate with stakeholders to identify gaps of knowledge and create a formal seniors' mental health research plan for specific calls and funding related to acknowledged areas. This must include increased funding for research in addition to available funding to support capacity building of seniors' mental health researchers.

In order to respond to the issue, the CCSMH resolved "To advocate for and to facilitate initiatives that create a strong seniors' mental health research environment in Canada." **The following strategic initiatives have been conducted or are in the planning stages:**

- **Strategic Initiative: Research Workshop** – CCSMH Seniors' Mental Health Research Workshop Initiative. Outcomes include:
 - **Consensus on major research themes** pertinent to seniors' mental health research
 - **Agreement on principles** that could be used by funding bodies for setting priorities for seniors' mental health research
 - **Identified key barriers** in Canada that impede the advancement of a seniors' mental health research agenda
 - **Identified key opportunities and enablers** to creating an improved seniors' mental health environment in Canada
 - **Action plans** that included identification of leads, resources required, next steps and stakeholder involvement for each enabler
 - **Unanimous agreement** to create the "Seniors' Mental Health Research Network" under the auspices of the CCSMH
- **Strategic Initiative: Seniors' Mental Health Research Network** – This resource will enhance the sharing of ideas, initiatives, proposals, advocacy results, and other applicable knowledge transfer related to seniors' mental health (in development).

- **Strategic Initiative: Establishing Databases** (future opportunities)
 - work with Statistics Canada to develop processes and resources to collect, access and share increased and appropriate primary and secondary data specific to seniors' mental health
 - Common and computerized assessment, treatment and administrative information, data collection mechanisms and infrastructure

As one of the four cornerstones for action, it is important to emphasize the critical need for an increased commitment to seniors' mental health research in Canada.

Key Messages

- ❖ **There is an immediate need to identify seniors' mental health as a long-term research priority. This must be adopted by funding and research bodies**
- ❖ **With the expected increase in the percentage of seniors in Canada, there is an urgent need for increased research specific to the area of seniors' mental health**
- ❖ **The proportion of health research dollars allocated to seniors' mental health is too small. There is an immediate need to increase the funding for research specific to this area**
- ❖ **There is a strong need to develop a national information database that measures, in particular the prevalence of mental health and addiction of those aged 65+. Measurement must span across those who live in the community as well as within long-term-care facilities**
- ❖ **In order enable a seniors' mental health research agenda, to produce research and to translate new knowledge, there must be new mechanisms that will enhance collaboration between researchers, providers, funding and research bodies, and the general public**

Cornerstone #3: Public Awareness & Education

Stigma: Unfortunately, seniors with mental health challenges face a “double jeopardy” in that there exists stigmatization associated with both older people and for those with mental disorders. There may be misconceptions about those seniors who suffer from a mental illness due to lack of education, awareness and fear. Most importantly though is the effect of stigma on those seniors suffering from mental illness. One document “A Report on Mental Illness in Canada” suggests that this stigma may contribute to tragic consequences as it presents a serious barrier not only to diagnosis and treatment, but also to acceptance in the community.⁶ Moreover, as a result of the stigma, seniors with mental health challenges may feel rejected and isolated.

In 2002, the World Health Organization (WHO) and the World Psychiatric Association (WPA) produced a technical consensus statement on reducing stigma and discrimination against older people with mental disorders.^{9,10} The report identifies that mental disorders in old age are common and that

stigma remains a major obstacle to ensuring the access to good care for seniors with such disorders. Furthermore, the document illustrates the stigma associated with particular mental disorders for seniors:

- Depression is seen as a natural consequence of ageing, loss and physical illness (by patients, their families and professionals), and is therefore not diagnosed or treated. Some symptoms of depression (e.g. anhedonia, social withdrawal) are particularly likely to be misinterpreted
- Depression and anxiety are seen as marks of personal weakness, by others and by patients
- In older people, delirium (acute confusional states) is usually caused by physical illness or intoxication by prescribed drugs. The poor management of delirium in inpatients is a specific example of how mental disorders arising in physical care settings are often stigmatised, resulting in non-recognition, misdiagnosis, and inappropriate treatment.
- There is a prejudice that all old people are odd to some extent, and older psychotic individuals consequently receive less recognition, treatment, rehabilitation, and engagement in society
- There is prejudice that all old people are fearful, therefore there is less recognition and treatment of anxiety disorders
- Substance abuse is often under-diagnosed since it is assumed to be a problem of younger adults and there are inappropriate age cut-offs for therapeutic services

The WHO-WPA report suggests that addressing the issue of stigma mainly involves education and suggests that a strategic approach that includes international/national/local policy-makers, NGOs, professionals, carers, families, older people with mental disorders, the general public, media, corporate sector and schools, universities and vocational training groups. The main goals of the strategy are to:

- Ensure that appropriate health and social care systems are in place that can meet the needs of older people with mental disorders and their carers;
- Position mental health of older people on the public agenda
- Promote a greater understanding and acceptance of older people with mental disorders
- Create more supportive environments for older people with mental disorders
- Encourage more research into effective, non-stigmatising treatment and care for older people with mental disorders

The consensus statement is a starting point for better understanding the stigma against older people with mental disorders and for developing appropriate action plans. The CCSMH is of the view that, to date no national body specific to seniors' mental health has taken on the leadership task. **The CCSMH is prepared to meet this challenge.**

A National Awareness and Education Campaign would be aimed at the following stakeholder groups:

- Seniors
- Caregivers
- Specialists, Physicians and other Professional Care Providers
- Personal Support Workers
- Media
- General Public
- Educational Institutions

Primary objectives of a campaign would include:

1. To identify, collect and disseminate existing information regarding efforts in Canada that focus on education and awareness relating to seniors' mental health and the reduction of stigma

2. To develop and disseminate educational materials in order to increase awareness and decrease stigma associated with seniors' mental illness (i.e. pamphlets, brochures, website, media etc)
3. To strengthen the collaboration and to promote participation of national stakeholders in seniors' mental health and stigma issues and initiatives (i.e. education curriculum, research, training)
4. To evaluate the needs of stakeholders and efforts of the CCSMH in providing further education & awareness, reducing stigma and enhancing national collaboration on seniors' mental health to members and relevant stakeholders

CCSMH Strategic Public Awareness & Education Initiatives to Date:

- **Strategic Initiative: Education Brochures**
 - Education Catalogues for **Front Line Workers** (future goal to revise for on-line version)
 - Education Catalogues for **Caregivers** (future goal to revise for on-line version)
- **Strategic Initiative: National Awareness and Education: Reducing the Stigma Related to Seniors' Mental Health Issues** (future goal)
- **Strategic Initiative: Mental Illness Awareness Week** – As a member of CAMIMH, the CCSMH participates in the leaderships activities organized by the CAMIMH group
- **Strategic Initiative: Canadian Health Network (CHN) – Mental Health Advisory Network**
 - **Review of the CHN website with written report submission**
 - **Creation of FAQs on Seniors' Mental Health for the CHN website**

As one of the four cornerstones for action, it is important to emphasize the critical need for an increased commitment to seniors' mental health research in Canada.

Key Messages

- ❖ **Seniors with mental health challenges face a “double jeopardy” in that there exists stigmatization associated with both older people and for those with mental disorders. A National Campaign must address both of these challenges**
- ❖ **It is imperative to highlight that mental illness is not a normal part of aging**
- ❖ **Awareness must emphasize that seniors' mental health includes illness such as mood disorders, anxiety disorders, personality disorders, substance and addictions disorders, dementia, suicide and schizophrenia**
- ❖ **Education and awareness needs to be aimed at seniors, caregivers, the general public, care providers, media, educational institutions**

Cornerstone #4: Stakeholders

The mission of the CCSMH is to connect people, ideas and resources. Though the CCSMH has evolved to also include a greater advocacy role with multiple stakeholders, the foundation of the CCSMH is its multiple stakeholders. The following key initiatives make up this cornerstone:

CCSMH Strategic Stakeholders Initiatives to Date:

- **Strategic Initiative: National Best Practices Conference: Focus on Seniors' Mental Health** – September 26th-27th 2005, Ottawa, ON. This event will allow for sharing of best practices across the country and provided numerous opportunities for collaboration, exchange of knowledge and providing of input into current CCSMH national initiatives
- **Strategic Initiative: National Information Sharing**
 - **CCSMH Website** – Information provided by membership on materials, events, resources etc
 - **CCSMH Newsletter** – CCSMH membership provide information on events, programs, resources, questions, updates etc. Sent out electronically on a quarterly basis
- **Strategic Initiative: Federal / Provincial / Territorial Mental Health Advisory Committee Presentation** – CCSMH recently met with the F/P/T Mental Health Advisory Committee in order to establish a collaborative relationship and to create appropriate linkages for future information sharing and partnering
- **Strategic Initiative: CCSMH Provincial Affiliate Advisory Group** – This group that is in the process of being established will act in the capacity of an advisory group to the CCSMH on provincial initiatives, programs etc currently existing in Canada. This group will also act in a leadership role for their own provinces for the dissemination and collection of information related to the CCSMH and seniors' mental health (i.e OPMHAN, B.C. Psychogeriatric Association etc)
- **Strategic Initiative: Capacity Building** – Working with Universities and Colleges on building seniors' mental health into future curriculum (future opportunity)

In only three years, the CCSMH has succeeded in engaging stakeholders from all of Canada who play a role or have an interest in seniors' mental health. There is an expectation from stakeholders for the CCSMH to assume a lead role in the future of seniors' mental health in Canada – the CCSMH looks forward to the challenges ahead.

Key Messages

- ❖ **Collaboration between and within all local, provincial, territorial and national groups is the key to moving forward a seniors' mental health agenda with success**
- ❖ **Sharing of best practices across the nation is critical to ensuring prevention, promotion, assessment and treatment related to seniors' mental health**
- ❖ **There is a need for resources to support the creation and sustaining of mechanisms to connect people, ideas and resources within seniors' mental health**
- ❖ **The CCSMH is eager to take a leadership role for a National Mental Health Strategy and to collaborate with all levels of government and Canadian stakeholder groups**

3.3 Outer Circle: Enablers

The final circle within the CCSMH framework is the outer circle representing enablers — the key components that would support the success of a seniors’ mental health strategy. These components include:

- **National Strategy** – Although the CCSMH continues to collaborate across the country and engage in strategic initiatives that build on action towards a seniors’ mental health strategy, a significant enabler to ensure the success of the CCSMH is the creation of a National Strategy or Action Plan for Mental Health. Ideally, the CCSMH would represent its multiple seniors’ stakeholders on a larger committee. Without a National Strategy, the work of the CCSMH will continue, but without the necessary national commitment to mental health from all levels of government
- **Funding** – Though questions exist regarding whether funding should be targeted for mental health and what performance and accountability would look like, one thing is clear -- funding for mental health in Canada is insufficient. Though a “ring-fencing” approach is controversial, there is a need to ensure that appropriate levels of government dedicate funds to mental health. Furthermore, in order to ensure the successful evolution of mental health services and care in Canada, all levels of government must be held accountable.
- **Policy / Legislation** – It is essential that appropriate policy and legislation be established in order to advance service delivery, standards and guidelines, access issues etc within mental health. Without the support of government, the mental health system will remain unstable.
- **Collaboration** – Collaboration between stakeholders and all levels of government is key. There are numerous leaders and experts within all realms of seniors’ mental health that are ready to partner with appropriate levels of government. These partnerships, based on common goals, will provide the essential direction necessary to achieve progress for mental health in Canada.

4.0 Conclusion

Seniors’ mental health must be identified as a priority area within mental health. The 65+ population group is growing at a high rate and Canada is simply not ready to meet the needs of this special group.

Although advances are being made for seniors’ mental health, the approach to date is based on strategic projects on an ad hoc basis. The CCSMH has been successful in linking together multiple stakeholders to pursue and achieve common goals and actions have been accomplished to date. Yet the struggle continues to locate funding, to integrate within all levels of government and meet all the specific needs related to seniors’ mental health. Stigma remains a challenge, as does breaking down barriers related to growing old.

The reality is that all Canadians will continue to age. Moving forward with a National Strategy for Mental Health will help to address mental health and illness issues as we grow older. Identifying seniors’ as a special population group will make the difference as to whether or not our specific mental health needs are met by the time we reach age 65.

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