



The Canadian Coalition for Seniors' Mental Health

A Report on the Workshop: Seniors' Mental Health Research in Canada

**September 20-21st, 2004
Toronto, Ontario, Canada**

Prepared by the Canadian Coalition for Seniors' Mental Health
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PREFACE

The Canadian Coalition for Seniors' Mental Health (CCSMH) was established in 2002 following a 2-day symposium on "Gaps in Mental Health Services for Seniors' in Long Term Care Settings." The mission of the CCSMH is "*to promote seniors mental health by connecting people ideas and resources.*" The goal of the CCSMH is to support collaborative initiatives that will facilitate positive mental health for seniors through advocacy, innovation and dissemination of best practices.

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- The Max Bell Foundation
- The Canadian Institutes of Health Research (CIHR) – Institute of Neurosciences, Mental Health and Addiction
- The Canadian Institutes of Health Research (CIHR) – Institute of Healthy Aging
- The Canadian Health Services Research Foundation

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Executive Summary

The Canadian Coalition for Seniors' Mental Health (CCSMH) was honoured to host the **Research Workshop: Seniors' Mental Health Research in Canada** on September 20-21st 2004 in Toronto, Ontario. This workshop was the first of its kind in Canada and brought together 47 seniors' mental health stakeholders including researchers, practitioners, and representatives from non-governmental organizations, the Canadian Institutes of Health Research (CIHR) – Institute of Neurosciences, Mental Health and Addiction and Institute of Aging, the Canadian Health Services Research Foundation (CHSRF) and Health Canada.

Through a combination of plenary and small group work sessions, the Research Workshop accomplished the following:

- The CCSMH pre-workshop environmental scan document entitled “Pre-Workshop Survey Response Summary: Trends & Priorities in Seniors' Mental Health Research” was reviewed by all participants. **Gaps in information** were determined.
- Consensus was reached on **major research themes** pertinent to seniors' mental health
- There was **agreement on principles** that could be used by funding bodies for setting funding priorities in the area of seniors' mental health research
- Participants **identified key barriers** in Canada that impede the advancement of seniors' mental health research agenda
- Participants **identified key opportunities and enablers** to creating an improved seniors' mental health research environment in Canada
- **Action plans** that included identification of leads, resources required, next steps and stakeholder involvement were developed for each identified key enabler
- **Unanimous agreement** was reached to create the “**Seniors' Mental Health Research Network**” under the auspices of the CCSMH.

In the following report, detailed background information on seniors' mental health in Canada makes a strong case for an improved seniors' mental health research environment. The resolutions reached at the Research Workshop are described further. As well, the challenges and proposed solutions identified by participants are reported.

The audiences for this report are diverse and include health research bodies, health research funding bodies, federal, provincial and territorial planners and policy makers, leaders of academic institutions, researchers, physicians, other clinicians, caregivers and the general public.

The CCSMH is committed to dealing with the many issues related to seniors' mental health research. This report highlights the critical need for an increased commitment to seniors' mental health research. The CCSMH looks forward to the challenges ahead and with its partners, will transform the seniors' mental health research environment in Canada.

Synopsis of Recommendations

Themes for Research

1. Seniors' Mental Health must be identified as a long-term priority area of research within relevant CIHR Institutes (i.e. Institute of Aging; Institute of Neurosciences, Mental Health and Addiction). In addition, the key themes identified at the CCSMH Research Workshop should be recognized as key areas for research within seniors' mental health.
2. There is a need for increased recognition and action by Federal/Provincial/Territorial governments, universities, hospitals, long-term care facilities, community service providers and others regarding the necessity for seniors' mental health research.
3. Current National Research bodies should review the recommended themes related to seniors' mental health research to identify current gaps of knowledge and create a formal short and long term plan for specific calls and funding related to acknowledged areas.

Principles

4. The principles identified in the CCSMH Research Workshop should be adopted as a formal guide to setting funding priorities and approving research proposals within funding bodies (CIHR Institutes, Federal/Provincial/Territorial Funding Bodies, Universities, Hospitals, private funding bodies) in order to support the advancement of seniors' mental health research in Canada.

Capacity Building:

5. Identification of incentives suggested in this report, in addition to alternative incentives must be pursued, approved and implemented by multiple funding and research bodies.
6. Increased funding must be made available to support recruitment and retention activities including:
 - Re-orientation/re-tooling for scientists to expand and refocus their activities to seniors' mental health research
 - Supporting researchers located in non-academic settings
 - CRC Chairs; CIHR investigator awards
7. Increased support and funding for the recruitment of students into seniors' mental health research must be made available to support initiatives including:
 - Development of summer research institutes/workshops related to seniors' mental health
 - Development of an educational toolkit to be used in various educational settings to facilitate the integration of seniors' mental health research issues into curriculum
 - Attached funding for post-doctoral and fellowships to relevant research programs
8. Education institutions (multidisciplinary) must be mandated to develop and require courses in aging/aging research in the formative years. Furthermore, clinical training should incorporate exposure to seniors' mental health issues in various settings.

Creating and Maintaining Collaborative Networks:

9. Support (funding and partnerships) by research and funding bodies must be identified for the formal creation and sustaining of a Seniors' Mental Health Research Network. The CCSMH is recommended to act as a key lead and collaborative partner in this Network endeavour. The CIHR Institutes of Aging and Neurosciences, Mental Health and Addictions must be integrated fully with the new Network.

Establishing and Sharing of Databases and Resources:

10. Stable processes, infrastructure, knowledge transfer, and national accountability for the collecting and sharing of data and information on resources within and between identified stakeholders must be established and implemented.
11. Partnerships with key stakeholders (i.e. Statistics Canada, CIHR Institutes) to develop opportunities, processes and resources to collect, access and share increased and appropriate primary and secondary data specific to seniors' mental health must be enhanced.

Cultivating Awareness

12. Mechanisms within funding that serve to increase and promote aging research through a life span lens must be increased and shared more broadly and frequently with the seniors' mental health community.
13. CIHR Institutes and CHSRF should take the leadership to identify and plan strategic initiatives to improve public perception of seniors' mental health issues and to foster increased research activity. The CCSMH should link with leaders of the initiative to disseminate information as part of a National Awareness project with appropriate stakeholder groups.

Increasing and Identifying Funding Models:

14. Increased global funding for research programs focused on seniors' mental health must be supported at the Federal/Provincial/Territorial levels. Recommendations in the report generated at the Research Workshop must be considered as key options.

Enhanced Knowledge Transfer:

15. Research and funding bodies must ensure that all research includes a mandatory component focused on the dissemination and transfer of research knowledge.
16. Research bodies must develop an accountable planning body to facilitate strategic infrastructure and process to ensure improved access and sharing of research and research outcomes.

Key Messages

There is an immediate need to identify seniors' mental health as a long-term research priority. This must be adopted by funding & 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 much 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 to 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

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1.0 Introduction

1.1 Background: Seniors' Mental Health in Canada – What are the Facts?

Seniors constitute one of the fastest growing population groups in Canada. In 2000, there were an estimated 3.8 million Canadians aged 65 and over, accounting for 13% of the total population. This number is up from 2.4 million in 1981 and has been projected to grow even more rapidly. For example, Statistics Canada has estimated that by 2016, 16.6% of all Canadians will be over the age of 65 and that by 2041, 23%-24.9% of the populations will be seniors.¹

Mental health and behaviour problems associated with seniors' mental illness are not a natural part of aging. Much can be done to prevent deterioration, restore health and maintain or enhance quality of life. Certain groups of seniors have a very high prevalence of mental illness (e.g. those living in long term care facilities and those suffering from chronic physical conditions). Current

By 2016, 16.6% of Canadians will be over age 65. By 2041, 23%-24.9% will be over age 65

statistics indicate that hospitalizations for major depression and anxiety disorders increase after age 65 for both men and women. Furthermore, the incidence of suicide among men 80 years of age and older is the highest of all age groups.²

With regards to seniors living in long term care facilities, recent studies suggest that approximately 80% of nursing home residents suffer from a mental disorder. A study of 454 consecutive nursing home admissions using rigorous methods, reported that more than two-thirds of the residents had some form of dementia, 10% suffered from a mood disorder and 2.4% were diagnosed as having schizophrenia or another psychotic illness.³ Forty percent of the residents suffering from dementia had an additional psychiatric complication, such as depression, delusions or delirium. Despite the need for mental health services for long-term care residents, very few residents receive psychiatric or other mental health services. A study in Ontario revealed that 88% of nursing homes receive five hours or less per month of psychiatric care for their whole institution.⁴

Seniors' mental health affects us all. As the population of seniors continues to increase, so too will the need for increased awareness of the issues, determination and dissemination of best practices, education and available resources for family caregivers and professionals, and greater coordination of organizations, policy-makers, researchers and educators through networking, collaboration and knowledge transfer.

PERCENTAGE OF SENIORS IN CANADA	
Province / Territory	As % of the Population
Canada	13
Newfoundland	12.3
Prince Edward Island	13.7
Nova Scotia	13.9
New Brunswick	13.6
Quebec	13.3
Ontario	12.9
Manitoba	14
Saskatchewan	15.1
Alberta	10.4
British Columbia	13.6
Yukon	6
Northwest Territories	4
Nunavut	2.2

Source: 2001 Census of Population – Statistics Canada

1.2 Canadian Coalition for Seniors' Mental Health

In April 2002, the Canadian Academy of Geriatric Psychiatry (CAGP) hosted a 2-day symposium on "Gaps in Mental Health Services for Seniors in Long Term Care Settings". The purpose of the Symposium was to bring together health care leaders, representing over 65 organizations from across Canada to discuss the issues related to Mental Health and Long Term Care settings and to develop a series of recommendations. One outcome of the initiative was the overwhelming support for the establishment of the Canadian Coalition for Seniors' Mental Health (CCSMH).

Following the Symposium, Dr. David Conn and Dr. Kenneth Le Clair (CCSMH co-chairs) took on the leadership task of partnering with key national organizations, creating a mission and establishing goals and strategic initiatives. These are all described in greater detail below.

The mission of the CCSMH is to *promote the mental health of seniors by connecting people, ideas and resources.*

The mission of the CCSMH is "to promote the mental health of seniors by connecting people, ideas and resources"

In order to meet its mission and goals, the CCSMH embarked on a number of strategic initiatives in the following areas:

- Research
- Assessment and Treatment
- Advocacy and Public Awareness
- Education
- Co-ordination of Stakeholders
- Human Resources
- Caregiving

Over a short period of three years, the CCSMH has successfully facilitated information sharing, communication and dissemination of ideas. There are currently over 85 organizations and 450 individuals who are members of the CCSMH. Several working groups continue to advance work in the areas of advocacy, education, best practices, human resources and recruitment planning, environmental design, research and in the areas of assessment and treatment.

One such group is the CCSMH Research Workshop Subcommittee that was responsible for advocating for and helping to facilitate a national research agenda focused on Seniors' Mental Health. It connected key stakeholders in Canada to support this much needed initiative.

1.3 The Need for a Canadian Seniors' Mental Health Research Agenda

Background

As the senior population continues to grow, there is an increasing need for more research specific to the area of seniors' mental health. Not only must the focus be on research investigating biological, social, cultural 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. Better understanding of the relationship among mental illness, physical illness, mortality and models of care are key to preparing and responding to those in need. There exist issues of cultural diversity, ethics, caregiving, housing and service delivery that require attention. New information required to fill our existing gaps in knowledge can not be achieved without research.

The CCSMH research mandate is
“To advocate for and to facilitate initiatives that create a strong seniors' mental health research environment in Canada”

The challenges for seniors' mental health are diverse in nature. The general lack of importance placed on this research by society and funding bodies makes the task faced by victims, families, researchers, and those advocating for improved research activity especially daunting.

In order to address the various issues and challenges of research and knowledge transfer specific to seniors' mental health, the CCSMH resolved *“To advocate for and to facilitate initiatives that create a strong seniors' mental health research environment in Canada.”* This mandate led to the effort of bringing together identified Canadian researchers focused on seniors' mental health to discuss research in this area, how to collaborate more effectively, what should be done in the area of knowledge transfer, how to increase funding and what should be done to publicize and move forward a seniors' mental health research agenda Canada.

Interim Report of The Standing Senate Committee On Social Affairs, Science and Technology – The Honourable Michael J.L. Kirby, Chair; The Honourable Wilbert Joseph Keon, Deputy Chair

In February, 2003, The Standing Senate Committee on Social Affairs, Science and Technology received a mandate from the Senate to study the state of mental health services and addiction treatment in Canada and to examine the role of the federal government. The purpose of the study was to examine mental health, mental illness and addiction in various areas including research.

In November 2004, an interim report (with three separate papers) was published including one on “Issues and Options for Canada that included a chapter dedicated to the topic entitled “National Information Database, Research and Technology.” The report stated that

“The Committee believes strongly that excellence in mental health services and addiction treatment depends on a strong commitment to developing a national information database, fostering research on how to manage health information generally and that related to mental health and addiction in particular, and to using information and communications technology appropriately.”⁵

The report acknowledged that Canada currently lacks a national information base on the prevalence of mental illness and addiction and recommended repeated and regular surveys such as the Canadian Community Health Survey (CCHS). The CCSMH agrees with the recommendation and further argues that a survey should be undertaken to specifically target the senior population. This should include seniors who live both in the community and in long term care facilities.

Canada currently lacks a national information base on the prevalence of mental illness and addiction

In addition, the Committee made mention of the challenges faced with knowledge translation and recognized the fact that too often, research does not reach those who may translate the research knowledge into improved service delivery and better patient outcomes. Recommendations included a suggestion that the federal government consider establishing a knowledge transfer body similar to those found in other jurisdictions such as the United Kingdom and the United States.

Numerous questions were raised about who should take the lead in facilitating the development of a national database for mental illness and addiction and what roles the various levels of government and organizations such as Statistics Canada, Health Canada, the Canadian Institute for Health Information and the Canadian Institutes for Health Research should take.

Though the Committee report did not specifically focus on seniors’ mental health, the issues and concerns raised in the report are endorsed by the CCSMH. As these issues are debated, the role of the CCSMH will be to continue to advocate for older Canadians and those who care for them. It will strive to help facilitate the development of partnerships throughout the country in order to advance seniors’ mental health research and to create a national research strategy.

Canadian Institutes of Health Research (CIHR)

In 2000, as part of the Government of Canada’s commitment to research, the Canadian Institutes of Health Research (CIHR) were created. A total of 13 institutes within CIHR address the various domains of research related to health in Canada. These institutes include:

- Aboriginal People’s Health

- **Aging**
- Cancer Research
- Circulatory and Respiratory Health
- Gender and Health
- Genetics
- Health Services and Policy Research
- Human Development, Child and Youth Health
- Infection and Immunity
- Musculoskeletal Health and Arthritis
- **Neurosciences, Mental Health and Addiction**
- Nutrition, Metabolism and Diabetes
- Population and Public Health

Currently, the primary federal funding for Seniors' Mental Health research is through CIHR and in particular, two of the CIHR Institutes – The Institute of Aging (IA) and the Institute of Neurosciences, Mental Health and Addiction (INMHA). It is difficult to identify the percentage of research specific to seniors' mental health funded by the CIHR and within the portfolios of the IA or INMHA.

Institute of Neurosciences, Mental Health and Addiction (INMHA):

Figures for 2003-2004 indicate that \$93 million of the \$623 million budget of the CIHR was spent on research in the portfolio of the INMHA. A total of \$33 million (5.3% of the total CIHR budget) was allocated to mental health and addiction research. It is unknown what proportion of this 5.3% is allocated specifically to seniors' mental health research.⁵

Institute of Aging (IA):

The IA supports research to promote healthy and successful aging and to address causes, prevention, screening, diagnosis, treatment, support systems and palliation for a wide range of conditions associated with aging. The five identified priorities of research and the percentage of research funding allocated to each in recent years:

- Healthy and successful aging: 10%
- Biological mechanisms of aging: 23%
- Cognitive impairment of aging: 30%
- Aging and maintenance of functional autonomy: 12%
- Health services and policies relating to older people: 25%⁶

The amount specific to seniors' mental health cannot be easily determined due to uncertainties in the definition of seniors' mental health research.

An important proposed investigation is the Canadian Longitudinal Study on Aging (CLSA), a large, national, long-term study designed to examine health patterns and trends of a group of approximately 50,000 Canadians over a period of at least 20 years. If funded, this study will include the collection of information on biological, medical, **psychological**, social and economic aspects of the subjects' lives to better understand the roles of these factors on preserving health and the development of disease and disability. ⁷

Blueprint 2007: CIHR Strategic Plan 2003 - 2008

The five key areas that CIHR will focus on over the period of 2003 – 2008 are:

- To strengthen Canada's health research communities
- To draw on research to improve the health status of vulnerable populations
- To address emerging health challenges and develop national research platforms and initiatives
- To develop and support a balanced research agenda that includes research on disease mechanisms, disease prevention and cure, and health promotion
- To support health innovations that contribute to a more productive health system and prosperous economy ⁷

Though specific numbers are difficult to identify, we would argue that the proportion of health research dollars allocated to seniors' mental health is too small. Given the growing proportion of seniors in Canada and the associated burden of mental health issues, there is an immediate need to increase the funding for research specific to this area.

There is an immediate need to increase funding for seniors mental health research

Furthermore, although the Blueprint is broad enough to include aspects of seniors' mental health, there is a strong need to stress the importance of ensuring that seniors' mental health research evolves as a priority within multiple research agendas.

World Report on Knowledge for Better Health: Strengthening Health Systems - World Health Organization (WHO) Geneva, 2004

In November 2004, a report was released focusing on the growing challenges to health and the urgent need to generate knowledge addressing the various identified issues. The report builds on previous reports by the Commission on Health Research for Development (1990) and the Ad Hoc Committee on Health Research Relating to Future Intervention Options (1996) and the International Conference on Health Research for Development (2000). ⁸

Though the report did not focus on seniors' mental health research specifically, the paper concluded that:

- Much more investment was needed for a new, innovative approach to research on health systems
- Health research must be managed more effectively if it is to help strengthen health systems and build public confidence in science
- Greater emphasis should be placed on translating knowledge into action to improve public health by bridging the gap between what is known and what is being done⁸

These conclusions mirror the needs specific to seniors' mental health research and support the rationale and goals of the CCSMH Research Workshop Initiative.

National Institute of Mental Health (NIMH)

One of the 27 Institutes of the National Institutes of Health (NIH) is the National Institute of Mental Health (NIMH). The NIMH mission is to reduce the burden of mental illness and behavioural disorders through research on mind, brain and behaviour. In order to fulfill its mission, the NIMH:

- conducts research on mental disorders and the underlying basic science of brain and behaviour;
- supports research on these topics at universities and hospitals around the United States;
- collects, analyzes, and disseminates information on the causes, occurrence, and treatment of mental illnesses;
- supports the training of more than 1,000 scientists to carry out basic and clinical research;
- communicates information to scientists, the public, the news media, and primary care and mental health professionals about mental illnesses, the brain, behaviour, mental health, and opportunities and advances in research in these areas.⁹

The Director of the NIMH and the National Advisory Mental Health Council convened the Aging Research Workgroup to assess the Institute's extramural aging research and training portfolio and to identify strategies for development. The Workgroup recently produced a report, *Mental Health for a Lifetime – Research for the Mental Health Needs of Older Individuals*.

In 2002, the NIMH dedicated 8.5% (\$106 million US) of its research budget to support studies on aging. Overall the NIH Institutes and Centers, excluding the National Institute of Aging, devoted on average of 4.6% of their research budgets to aging research. For reference, the Workgroup compared the NIMH aging research portfolio to their child and adolescent research portfolio. The NIMH dedicates significantly more of its research budget to support the child and adolescent area. The ratio was 4:1 in terms of funding and number of grants. The Workgroup concluded that there was a need for a concerted effort to develop their aging research portfolio. Seven principles for an overall scientific vision were articulated and eleven recommendations were developed to build the geriatric mental health portfolio.¹⁰

1.4 The CCSMH Research Workshop Initiative

Description

The CCSMH Research mandate is “*To advocate for and to facilitate initiatives that create a strong seniors’ mental health research environment in Canada.*” In order to respond to the mandate, a CCSMH subcommittee, chaired by Dr. David Hogan was formed in 2003. Its goals were to advocate for seniors’ mental health research, identify successes, gaps, challenges and opportunities, and to bring people, ideas and resources together.

Key activities included an Environmental Scan and Research Workshop

The group determined that the following key activities should take place over the next two years:

- Environmental Scan: A pre-workshop survey would be disseminated to stakeholders to identify trends, priorities, gaps and enablers in seniors’ mental health research
- Research Workshop: A 2-day workshop would be planned for approx 50 national stakeholders to identify and document a set of national research priorities, themes, principles, and enablers related to seniors’ mental health
- Recommendations and Advocacy: Recommendations from the workshop would be formalized and submitted to identified groups (i.e. CIHR, CHSRF, Health Canada etc) with the goal of affecting positive change within the area of seniors’ mental health planning, research and policy

The CCSMH Research Workshop was met with overwhelming success

The Environmental Scan and Research Workshop are described in detail and may be found in Sections 2.0 and 3.0 of this report. The evaluation of the CCSMH Research Workshop demonstrated that it was an overwhelming success, meeting all the expectations of the subcommittee. It is our job now to build on these accomplishments and move our agenda forward.

The CCSMH carefully reviewed both the work and outcomes of the other research workshops (please see below). Due to the success of these workshops, the CCSMH chose to mirror the process and structure used for our Workshop. One important addition to the CCSMH initiative was the inclusion of a comprehensive evaluation of the process and outcomes of the workshop for Seniors’ Mental Health Research.

Successful Projects that Used a Similar Process to the One Chosen

(a) Suicide Related Research in Canada - Workshop

In February 2003, a workshop entitled “*Suicide Related Research in Canada*” was held in Montreal. The purpose of the Workshop was to develop a national, collaborative agenda on research related to suicide in Canada. Specific objectives were:

- To review the range of suicide-related research in Canada and internationally.

- To identify and establish themes that will guide suicide-related research over the next 10 years.
- To support multidisciplinary collaboration in research and knowledge translation.

This workshop brought together 43 practitioners, researchers and representatives of non-governmental organizations, Aboriginal communities, CIHR and Health Canada for an exploratory consultation focused on the development of a national agenda on research focused on both suicide and suicide related behaviour.

As a result of this workshop CIHR announced in December 2003, research funding for Suicide Prevention Targeting Aboriginal People. Grant awards for this thrust total \$600,000 per year for up to five years.¹¹

(b) Canadian Autism Research Workshop

In October, 2002, the Autism Society of Canada held a workshop with the objectives:

- To provide a forum to present the latest information on Autism Spectrum Disorders (ASD) to Canada's scientific, medical and government leaders
- To develop an internationally linked Canadian Autism Research Agenda that will foster increased funding as well as increase and enhance Canadian autism research
- To publish a White Paper summarizing the Canadian Autism Research Workshop that will serve as a strategic plan for guiding the implementation of the Canadian Autism Research Agenda

A White Paper entitled "*Canadian Autism Research Agenda and Canadian Autism Strategy*" was released by the Autism Society of Canada in March 2004.¹²

(c) The Regional Seniors' Workshops on Research

In May 2003, the IA held a National Seniors' Forum for Research in Ottawa designed to inform Canada's seniors about the institute and to engage participants in discussions of recent trends in research on aging and the identification of gaps in research. One of the outcomes of the forum was a recommendation that regional workshops be held across Canada to engage a broader community in discussions on gaps, concerns and future priorities for the IA.¹³

The CCSMH carefully reviewed both the work and outcomes of the above research workshops. Due to the success of these workshops, the CCSMH chose to mirror much of the process and structure for the Seniors' Mental Health Research Workshop.

2.0 Current Seniors' Mental Health Research

2.1 CCSMH Pre-Workshop Survey & Environmental Scan

Background

Prior to the CCSMH Research Workshop, a Pre-Workshop Survey was distributed to over 100 researchers, clinical care practitioners, and not-for-profit caregiver associations across Canada, who work in the field of seniors' mental health. The primary goal of the survey was to obtain input from key stakeholders on:

- Recent advances in seniors' mental health research
- Current trends in seniors' mental health research
- Suggested priorities for future research
- Opportunities for collaboration; and
- Barriers to collaboration

Of the 41 respondents to the survey, 40 indicated that they were actively engaged in conducting research related to seniors' mental health. The following information is an overview of information provided through the survey.

Environmental Scan Finding: Current Trends in Seniors' Mental Health Research

Survey respondents described their research activities under the following categories:

- Healthy and Successful Aging (e.g. prevention of depression and anxiety, maintenance of cognitive abilities etc.)
- Biological Mechanisms of Aging (e.g. age related changes in neurobiology, biological mechanisms of diseases etc.)
- Cognitive impairment (e.g. neuropsychological, genetics, environment, caregiving etc.)
- Aging and Maintenance of Functional Autonomy (e.g. mental health and rehab. etc.)
- Health Services and Policies (e.g. facility-based long term care, home care, residential care, integrated delivery systems, policy analysis, caregiving etc.)
- Other

Results indicated that there is a large range of research topics that are currently being carried within the area of seniors' mental health. For example:

HEALTHY AND SUCCESSFUL AGING

Area of Focus	Sample Topic / Study
Prevention / Health Promotion	<ul style="list-style-type: none"> • Predictors of physical and mental well-being among older adults • Promotion of mental health through physical activity • Prevention of depression in nursing home residents
Early Detection / Diagnosis	<ul style="list-style-type: none"> • Risk factors for dementia
Improved Maintenance / Slowing of Decline	<ul style="list-style-type: none"> • Maintenance of cognitive function
Longitudinal & Cohort Studies	<ul style="list-style-type: none"> • Longitudinal study about actualization of potential • Cohort study of elderly in community living settings

BIOLOGICAL MECHANISMS OF AGING

Area of Focus	Sample Topic / Study
Prevention / Health Promotion	<ul style="list-style-type: none"> • Genetics and mechanisms of successful aging
Early Detection / Diagnosis	<ul style="list-style-type: none"> • Relation of cognitive decline to metabolic parameters
Effective Treatment	<ul style="list-style-type: none"> • Signs, causes and treatment of peripheral neurodegenerative disorders (especially diabetic neuropathy)
Other	<ul style="list-style-type: none"> • Links between thought processes and immune function (psycho-immunology), physiological effects of stress (e.g., caregiving)

COGNITIVE IMPAIRMENT

Area of Focus	Sample Topic / Study
Prevention / Health Promotion	<ul style="list-style-type: none"> • An estrogen trial to delay the onset of Alzheimer's disease in memory-impaired women
Early Detection / Improved Diagnosis	<ul style="list-style-type: none"> • Methods for the early identification of cognitive impairment, factors that influence detection, and functional implications of impairment • Predictors of the development of dementia in Parkinson's patients • Epidemiology/risk factors for dementia
Improved Maintenance of Mental Health / Slowing of Decline	<ul style="list-style-type: none"> • Impact of environmental design on orientation behaviours in institutions • Effects of cholinesterase inhibitors on memory in aging and following traumatic brain injury • Cognitive enhancer studies
Effective Treatment	<ul style="list-style-type: none"> • Clinical trials of drugs for dementia
Longitudinal & Cohort Studies	<ul style="list-style-type: none"> • Cohort studies of patients with Alzheimer's Disease • Multi-sample longitudinal study of cognitive aging in healthy adults (determinants of individual differences in cognitive change)

Area of Focus	Sample Topic / Study
	<ul style="list-style-type: none"> • Longitudinal study of early indicators of sub-clinical dementia
Other	<ul style="list-style-type: none"> • Impact of inter / intra-institutional transfers for adults with dementia

AGING AND MAINTENANCE OF FUNCTIONAL AUTONOMY

Area of Study	Sample Topic / Study
Prevention / Health Promotion	<ul style="list-style-type: none"> • Buffers to psychopathology among older adults
Early Detection / Improved Diagnosis	<ul style="list-style-type: none"> • Development of functional scale - Disability Assessment in Dementia • Patterns in diagnosis, treatment and co-morbidity of depression in institutional care setting
Improved Maintenance of Mental Health / Slowing of Decline	<ul style="list-style-type: none"> • Cognitive reminiscence therapy for depressed elderly • Improved methods of managing depressed seniors in primary care • Maintenance of physical functioning and impact on mental functioning
Effective Treatment	<ul style="list-style-type: none"> • Identify and evaluate psychosocial interventions designed to meet the mental health needs of older adults through involvement with health care professionals, family or other community resources
Other	<ul style="list-style-type: none"> • Better understanding of frailty • Pain perception – exacerbating and alleviating factors among institutional care recipients • Meaning in life and aging; the experience of hope in aging • Use of computers to enhance social support among caregivers

HEALTH SERVICES AND POLICIES

Area of Study	Sample Topic / Study
Analyzing Trends	<ul style="list-style-type: none"> • Cost of nursing home care and trends in health care use over time • Impact of the aging population on the health care system • Hidden costs of seniors' care and invisible contributions • Drug use by older individuals (population therapeutics)
Developing Policies	<ul style="list-style-type: none"> • Policy changes needed in order for home care to be responsive to seniors' mental health needs • Establishment of policies for the management of dementia • Community dwelling spouses and financial policies
Improving Service Delivery	<ul style="list-style-type: none"> • Functioning within interdisciplinary teams for geriatric psychiatry • Nature of recreation and leisure programs in long-term care settings
Providing Better Treatment	<ul style="list-style-type: none"> • Provision of cognitive behavioural group therapy for depression • Optimizing prescribing drugs in long term care settings • Best practices to improve pain management in institutions

Area of Study	Sample Topic / Study
Caregiver Issues	<ul style="list-style-type: none"> Examining the needs of dementia caregivers in the community and how community support services could better meet those needs Examining changes in caregiving roles in the long-term care setting
Evaluating and measuring progress	<ul style="list-style-type: none"> Report card on homecare in Canada Devising valid and reliable measures of individualized care for institutionalized dementia sufferers Evaluation of the change in service provision based from a mental health and physical health perspective Development of quality indicators for mental health, home care, LTC
Other	<ul style="list-style-type: none"> Investigating the experience of moving a loved one from the community to a long-term care setting

OTHER CURRENT RESEARCH RELATED TO SENIORS' MENTAL HEALTH

Area of Study	Sample Topic / Study
Prevention / Health Promotion	<ul style="list-style-type: none"> Suicide among institutionalized seniors
Early Detection / Diagnosis	<ul style="list-style-type: none"> Development and pilot of mental health and addictions screening tool
Improved Maintenance of Mental Health / Slowing of Decline	<ul style="list-style-type: none"> Multicentric clinical trials for symptomatic treatment and stabilization of Alzheimer's disease Adaptation to mourning and life transition
Effective Treatment	<ul style="list-style-type: none"> Service delivery models in psycho-geriatrics
Other	<ul style="list-style-type: none"> End-of-life in institutional settings Aging without age discrimination Working with spouses of sexually inappropriate residents in LTC

Environmental Scan Finding – Key Mental Health Challenges and Suggested Priorities for Future Research

Survey respondents indicated key mental health challenges facing the senior population in addition to suggested directions for valuable research in the future. Results included:

- Common clinical disorders (i.e. dementia, depression, mood and anxiety disorders, suicide etc.)
- Isolation of seniors
- Inadequacy and inaccessibility of appropriate mental health care services
- Lack of integration of health care services and delivery systems
- Drug related issues (i.e. underuse, overuse, harmful combinations)

- Adequacy and quality of available long-term care services
- Adequacy and availability of training for medical professionals and care delivery staff who work with seniors with mental health issues
- Lack of public awareness and stigma

Environmental Scan Finding – Advances and Barriers for Opportunities for Collaboration

The survey revealed that to date there have been several initiatives that encourage and support collaborative research efforts and the development of infrastructure. Most commonly, respondents indicated that the creation of both the Canadian Institutes of Health Research (CIHR) – Institute on Aging (IA) and Institute on Neurosciences, Mental Health and Addiction (NMHA) have increased the opportunity for research grants in the area of seniors' mental health. Furthermore, it was noted that both the Canadian Longitudinal Study on Aging (CLSA) and the Community University Research Alliance (CURA) program by the Social Sciences and Humanities Research Council (SSHRC) have been instrumental in providing the opportunity for collaboration.

Barriers to collaboration and the development of increased research in the area of seniors' mental health were summarized as due to the following:

- Funding
- Protected Research Time
- Networking Opportunities
- Data Collection and Infrastructure Issues
- Individualist Mentality
- Disciplinary Boundaries
- Relationship between Researchers and Service Providers

An executive summary (Appendix A), a full report on the Pre-Workshop Survey and Environmental Scan were completed during the summer of 2004. A copy may be provided upon request through the CCSMH or its website (www.ccsmh.ca).

2.2 Seniors' Mental Health Psychosocial Research Agenda

One of the few groups that have advocated for seniors' mental health research is the British Columbia Psychogeriatric Association with its focus on Psychosocial Approaches to Mental Health Challenges in Late Life. Led by Penny MacCourt, a Seniors' Mental Health Psychosocial Research Agenda for Canada was created with the purpose "to create a research agenda related to older adults' mental health that promotes psychosocial research and its' integration with biomedical research."¹⁴

Five areas of research and examples of research were identified including:

Key Area	Research Examples
1. Social Context	<ul style="list-style-type: none"> • Impact of policies • Demographic variables and cultural and social factors • Caregiving; community development
2. Epidemiology and Clinical Studies of Disorders	<ul style="list-style-type: none"> • Health disparities • Reliability, validity and predictive value of psychosocial classifications and instruments for older adults
3. Age-Associated Events and Critical Transitions	<ul style="list-style-type: none"> • Personal and social factors that influence the development of mental health disorders arising from the experience of age-associated normative events and critical transitions • Psychosocial interventions to prevent or ameliorate the onset or recurrence of mental disorders related to normative events and critical transitions
4. Other Intervention Research	<ul style="list-style-type: none"> • Long-term and short-term psychosocial treatment outcomes for mental disorders including suicide and suicidal behaviours • Psychosocial interventions targeting the early manifestations or behavioural precursors of depression, anxiety, agitation, dementia, other behavioral disorders (e.g. aggression) and suicidality
5. Health Service Delivery Research	<ul style="list-style-type: none"> • Identification and evaluation of service delivery models that promote seniors mental health incorporating psychosocial approaches • The supports (e.g. education, resources) required to support family caregivers of seniors with mental health disorders

The CCSMH acknowledges the need for a strong presence of the psychosocial perspective and to balance psycho-social frameworks with other models. The partnership with the BC Psychogeriatric Association and Penny MacCourt's work will certainly continue to grow.

3.0 Developing a Canadian Seniors' Mental Health Research Agenda: CCSMH Research Workshop

3.1 Purpose

The purpose of the Workshop on Seniors' Mental Health Research in Canada, held in Toronto, September 20-21 2004, was to gain consensus among a diverse group of stakeholders on:

- An environmental scan that documents the state of seniors' mental health research in Canada
- Major themes for seniors' mental health research
- Principles for setting funding priorities
- Barriers, opportunities and initiatives that prevent/strengthen seniors' mental health research in Canada
- Dissemination, knowledge transfer and advocacy initiatives related to the findings of the research workshop

3.2 Participants

This Workshop brought together 47 key stakeholders including researchers, practitioners, representatives from non-governmental organizations, the Canadian Institutes of Health Research (CIHR) – Institute of Neurosciences, Mental Health and Addiction, the CIHR Institute of Aging, the Canadian Health Services Research Foundation (CHSRF) and from Health Canada. In addition, in order to ensure a balance of diverse perspective, a range of disciplines including psychology, geriatric psychiatry, gerontology, nursing, public health, psychiatry, epidemiology, neurology, policy, social work, general medicine, public health and caregivers were represented. (List of participants – Appendix B)

3.3 Structure and Agenda

Dr. David Hogan, Chair of the CCSMH Workshop Initiative set the context for the 2-day event by reviewing the agenda (Appendix C), pre-workshop survey and environmental scan. He also presented the group with current trends, suggested priorities for future research, opportunities and barriers for National collaboration in research and expectations and anticipated outcomes for the workshop.

Dr. Dale Butterill, provided the group with a presentation on *Knowledge Transfer and Exchange*¹⁵ and noted that current research challenges exist within research due to a gap between the production of health research and the translation, transfer and application of research knowledge into practice. It was suggested that “Research evidence complements — not replaces — the many other forms of data and knowledge which go into making decisions. The growing body of research evidence can help managers and policy makers evaluate the feasibility and potential impact of their options. Good use of the available information can also make it easier to

explain where decisions came from, and sometimes help broker between interest groups with competing arguments. By improving the use of research/information in decision-making, both health-system decision makers and stakeholders can become increasingly confident that they are making the best investments possible to improve the health of Canadians.” Discussion from Dr. Butterill’s presentation supported the development of a new initiative involving the creation of National Seniors’ Mental Health Research Network, just one of the outcomes of the 2-day event.

3.4 Key Accomplishments

Through a combination of plenary and small group work sessions, the Research Workshop participants accomplished the following:

- The CCSMH pre-workshop environmental scan document entitled “Pre-Workshop Survey Response Summary: Trends & Priorities in Seniors’ Mental Health Research” was reviewed by all participants. **Gaps and information were determined**
- **Consensus was reached on major research themes** pertinent to seniors’ mental health.
- There was **agreement on principles** that could be used by funding bodies for setting funding priorities in the area of seniors’ mental health research
- Participants **identified key barriers** in Canada that impact the advancement of seniors’ mental health research
- Participants **identified key opportunities and enablers** to creating an enhanced seniors’ mental health research environment in Canada
- **Action planning** which included identification of leads, resources required, next steps and stakeholder involvement were produced for each identified key enabler
- **Unanimous agreement was reached to create the “Seniors’ Mental Health Research Network”** under the auspices of the CCSMH. Dr. David Hogan was nominated as chair of the new network and a subcommittee made up of Research Workshop participants was formed to formalize the purpose, goals, objectives and work plan for the new network

Consensus was reached on major research themes, principles for funding, key opportunities and enablers

Unanimous agreement was reached to create the Seniors’ Mental Health Research Network

Details about each of the above accomplishments may be found in further sections of this report.

3.5 Evaluation

In order to monitor the progress and success of the Research Workshop, Dr. Katherine Boydell was engaged to evaluate key components of the initiative. Objectives of the evaluation include:

1. To document the process, range of activities, deliverables, and impact of the stakeholder workshop;
2. To document government / funding body / organizational decisions about the future directions for national action to address senior’s mental health issues; and

3. To evaluate the effectiveness of the initiative and its success regarding the dissemination of knowledge and information.

An interim evaluation report focused on objectives 1 and 2 revealed that:

- The efforts in planning the workshop were evident through the success of selecting participants with a diverse range of geographic, content area and discipline or affiliation
- Preliminary time devoted to defining workshop objectives and constructing action planning templates were successful in ensuring realistic movement to meet the goals
- Respondents to the evaluation indicated that they expected the workshop to identify the major themes for seniors' mental health research (95.8%) and that this expectation was met (91.3%). Furthermore, the workshop exceeded expectations in terms of achieving agreement on the environmental scan that documented the state of seniors' mental health research in Canada and in terms of identifying principles for funding priorities for research in seniors' mental health
- In depth qualitative interviews indicated that participants felt that the workshop was:
 - a worthwhile use of their time
 - a valuable exercise and experience for networking within the field
 - successful in identifying enabling initiatives to pursue
 - a good opportunity for advocacy work and to move the field along
- One broad theme that has been apparent to date, is the commitment of stakeholders to invest their time in the follow-up activities necessary to further the goals of the workshop

More details from the Interim Evaluation Report may be found in Appendix D.

In order to capture the effects of the CCSMH Research Workshop initiative on government, funding, and organizational research development decisions and directions for national action to address seniors' mental health, Dr. Boydell will continue her evaluation following the dissemination of this report. Her final report will be made available at a later date.

4.0 Consensus on Key Themes for Seniors' Mental Health Research

4.1 Identified Themes for Seniors' Mental Health Research:

As indicated through the pre-workshop environmental scan, there are numerous areas of focus for research within seniors' mental health. Currently, researchers compete over research funding dollars, but, at the CCSMH Research Workshop, there was agreement from participants that all topics for research are important to ensuring positive mental health of seniors. With this principle in mind, and in order to ensure that all relevant seniors' mental health research topics were identified, CCSMH Research Workshop participants were divided into small groups and asked to identify and agree on the major research themes for seniors' mental health.

Following a summary and discussion, consensus was achieved that the following themes and sub-themes constitute the key themes for Seniors' Mental Health Research.

1. **Determinants**

- Biological mechanisms of ageing and mental disorders
- Psycho-social, economic, cultural, political, spiritual, community, and education determinants
- Stigma & ageism

Key themes included:
Determinants, Health
Services & Policy,
Mental Disorders &
Addictions, Health &
Successful Aging and
Special Populations

2. **Health Services and Policy**

- Impact of policy
- Integration of services and service delivery (e.g. access, utilization, best practices)
- Integration of specialized services with primary care services
- Education, training and preparation of practitioners
- Environment (e.g. physical environment and its impact on positive mental well-being)
- Ethics

3. **Mental Disorders and Addictions**

- Mood Disorders (e.g. depression, suicide, anxiety)
- Cognitive Disorders (e.g. dementia)
- Psychoses (e.g. schizophrenic)
- Co-morbidities
- Addiction (e.g. gambling, alcohol, prescribed drugs)
- Diagnosis, treatment, outcomes, best practices for the above

4. **Healthy and Successful Aging / Adjustment to Aging**

- Preservation/maintenance of mental well being
- Functional autonomy, self determination
- Disease prevention, health promotion
- Quality of life

5. Special Populations

Examples include:

- Aging gay and lesbian population
- Aging addictions population (alcoholics, gambling, drugs)
- Aging population with developmental disabilities
- Aging population with schizophrenia
- The very old/frail
- Terminally ill (palliative care)
- New Immigrants
- Ethnic groups
- Aboriginal groups
- Caregivers
- Isolated population groups (e.g. homeless, rural populations)

4.2 Themes For Research: Discussion and Recommendations

As the population of those aged 65 and over continues to increase, it is imperative that seniors' mental health research become a priority. Though research in multiple areas is currently being conducted throughout the country, there is a need for greater recognition of the numerous areas that require further study.

Themes for Research – Recommendation(s):

- 1. Seniors' Mental Health must be identified as a long-term priority area of research within relevant CIHR Institutes (i.e. Institute of Aging; Institute of Neurosciences, Mental Health and Addiction). In addition, the key themes identified at the CCSMH Research Workshop should be recognized as key areas for research within seniors' mental health.**
- 2. There is a need for increased recognition and action by Federal/Provincial/Territorial governments, universities, hospitals, long-term care facilities, community service providers and others regarding the necessity for seniors' mental health research.**
- 3. Current National Research bodies should review the recommended themes related to seniors' mental health research to identify current gaps of knowledge and create a formal short and long term plan for specific calls and funding related to acknowledged areas.**

5.0 Setting Principles for Funding of Seniors' Mental Health Research

5.1 Principles

Current criteria exist regarding the evaluation of research proposals and funding by various funding agencies in Canada. In order to support the advancement of seniors' mental health research in Canada, it was determined that there is an immediate need to create a set of specific principles that could be used for setting funding priorities with the goal of enhancing the number of funding projects related to seniors' mental health.

There is an immediate need to create a set of principles that funding bodies could use to set funding priorities and enhance funding for projects related to seniors' mental health

In small groups, Research Workshop participants were asked to identify and agree on principles that could be used for setting funding priorities for seniors' mental health. Participants achieved consensus on the following principles:

- Priority should be given to research proposals that focus on seniors' mental health
- A life-span approach is vital to understanding mental health and illness
- A balance should be maintained between single disciplinary & multidisciplinary research
- Stakeholder participation in research processes (from proposal development through to knowledge transfer) should be encouraged
- Projects that build capacity either through linking academics with clinicians or mentoring students and others who demonstrate an interest in seniors' mental health research should be endorsed
- Encourage, through the request for proposal process, projects that incorporate and/or recognize the impact of seniors' mental health concerns, as appropriate
- Opportunities to generate innovative research initiatives should be given consideration along with traditional approaches
- Research proposals that focus on various settings (acute, long term care, community, etc) should be considered
- Projects must include demonstrated capacity for knowledge dissemination and uptake
- It is recommended that in setting priorities, funding agencies should seek out consultation, direction and advice regarding knowledge requirements and strategic direction from a range of interested stakeholder groups

5.2 Principles: Discussion and Recommendations

In order to support the advancement of seniors' mental health research in Canada, it is necessary to have a set of specific principles that could be used for setting funding priorities with the goal of enhancing the number of funding projects related to seniors' mental health.

Principles - Recommendation (s)

- 4. The principles identified in the CCSMH Research Workshop should be adopted as a formal guide to setting funding priorities and approving research proposals within funding bodies (ie. CIHR Institutes, Federal/Provincial/Territorial Funding Bodies, Universities, Hospitals, private funding bodies) in order to support the advancement of seniors' mental health research in Canada.**

6.0 Creation of Enablers to Increase and Enhance Seniors' Mental Health Research in Canada

6.1 Enablers

Though Canadian research focused on Seniors' Mental Health is currently being achieved, there was much discussion about the various barriers which exist and limit the engagement and development of additional work from being produced.

In small groups, Research Workshop participants were asked to identify and agree on the opportunities/enablers to creating an enhanced seniors' mental health research environment. The following enablers were identified and achieved consensus by the group:

- Building Capacity
- Creating and Maintaining Collaborative Networks
- Establishing and Sharing of Databases and Resources
- Cultivating Awareness
- Increasing and Identifying Funding Models and
- Enhanced Knowledge Transfer

Each of the above identified enablers is provided in greater detail below.

Building Capacity: It was recognized that one of the greatest barriers that currently exists, revolves around the challenge of recruiting and retaining researchers who focus on seniors' mental health research and to building capacity for the tremendous amount of work to be completed in this area in the future. Workshop members shared concern that recruiting new members to the field was challenging due to numerous factors including a perception of low

funding for research in the area, fewer opportunities for mentoring relationships and academic linkages, and general lack of interest and excitement for the research topics related to aging compared to other population groups.

Building capacity was considered a key enabler to improving the seniors' mental health research environment. To address opportunities within this specific area, a small group proposed that a working paper for advocacy be created and sent to multiple stakeholders. The following suggestions and ideas for recruitment and retention of specific stakeholder groups were identified.

Established Scientists and Researchers

- Provide incentives (e.g. funding) for inclusion of seniors' mental health issues into existing or proposed research grants/activities
- Provide re-orientation/re-tooling grants for scientists to expand and refocus their activities to seniors' mental health research settings/initiatives
- Provide support and funding for researchers located in non-academic settings
- Have open competitions for CRC Chairs
- Re-introduce CIHR investigator awards (mid-career and senior scientists awards)

Students

- Encourage educational institutions/programs to develop required courses in aging and aging research in the early/formative years
- Clinical training should incorporate exposure to seniors' mental health issues in various settings
- Develop summer research institutes/workshops related to seniors' mental health
- Develop an educational toolkit to be used in various educational settings to facilitate the integration of seniors' mental health research issues into curriculum
- Attach funding for post-doctoral and student fellowships to relevant research programs

Research Program Grants and Collaboration

- Create a research culture within service delivery environments
- Provide dedicated funding to strategic initiatives
- Create mentorship programs
- Foster clinician and academic linkages
- Provide opportunities to link students, researchers, etc across sites
- Free up clinician time for research with alternative funding arrangements
- Create partnerships with non-profit organizations

Creating and Maintaining Collaborative Networks: Discussion throughout the workshop often turned to the topic of collaborative networks and the need to identify actions that would seamlessly bring together the small population of researchers focused on seniors' mental health.

It was recognized that with such a small group of researchers committed to the area of work, one way to enable and facilitate a stronger national seniors' mental health research agenda was to form a research network. The role of such a network would be to:

- Provide information on:
 - Current research being funded across Canada
 - Individual interests among researchers
 - Available funding and resources
 - Interdisciplinary work and opportunity for partnerships and exchange of information
 - Completed research and outcomes
- Provide opportunities for collaboration and sharing of information, data and results
- Engage and facilitate advocacy work specific to seniors' mental health research
- Develop processes to foster interdisciplinary research including:
 - Meetings with opportunities for exchange
 - Research questions that can be approached from different disciplines
 - Interest groups/ sections with dedicated time for research presentations at conferences

This particular enabler was one that was most favoured by the Research Workshop Participants. In fact, all participants agreed to form a National Seniors' Mental Health Research Network, under the facilitation of the CCSMH. Details on this outcome are discussed further in this report.

Establishing and Sharing of Databases and Resources: One ongoing concern of the group was the lack of infrastructure, resources and databases specific to seniors' mental health. There was discussion about the challenges of:

- Lack of rich data
- Lack of knowledge of existing databanks
- Challenging access to databanks
- Recruiting representative samples
- Recruiting older adults with no legal substitute decision-maker

The key identified solutions to this large problem were to

- Establish a network for the sharing of data and information on data and resources
- Work with key stakeholders (i.e. Statistics Canada) to develop processes and resources to collect, access and share increased and appropriate primary and secondary data specific to seniors' mental health
- Develop data collection mechanisms/infrastructure
 - Common data collection mechanisms
 - Primary and secondary approaches to data collection
 - Canadian Longitudinal Study on Aging research platform will collect rich data and is intrinsically collaborative
 - Stats Can Regional Data Centres
 - Common & computerized assessment, treatment & administrative information
- Develop national resources for data (i.e. brain banks, gene banks, image analysis centres)

Cultivating Awareness: Several suggestions were made to cultivate awareness for seniors' mental health issues and the need for research. These included:

- Create a research culture in service delivery environments (community, LTC, teaching facilities)
- Encourage partnerships with research populations to increase understanding, develop grass roots leadership and advocates
- Improve public perception of seniors mental health issues to reduce negative perception of seniors mental health research and foster increased activity
- Awareness likely will have a positive impact on government policy
- Promote ageing research through a life span lens
- Educating ethics boards regarding issues associated with certain population groups (e.g. seniors, cognitively impaired)
- Advocating for acceptance by funders/institutions of inter-disciplinary work

Increasing and Identifying Funding Models: Naturally, one of the key enablers in creating a stronger seniors' mental health research agenda in Canada, is funding. The workshop group proposed the following solutions regarding funding and funding models.

- Increase global funding for research programs that have seniors' mental health as a priority
- Increase funding through existing competitions
- Create alternative funding opportunities for smaller/pilot projects.
- Increase the number of directed investigator awards
- Identify other sources of funding for research
- Advocate for enhanced funding through networks
- Develop financial incentives for PhD students who focus on ageing research.
- Provide incentive for transition and re-orientation to seniors' mental health research through awards
- Identify and bring in increased money into the field through looking at industry, voluntary agencies, CIHR etc.

Enhanced Knowledge Transfer: The workshop group agreed that enhanced knowledge transfer of seniors' mental health research would help to:

- Raise the profile of researchers and research in the area of seniors' mental health
- Influence an increase of funding available for seniors' mental health research
- Influence policy and programming
- Improve the clinical practices of front-line practitioners and mental health care workers
- Positively affect patient care and quality of life of seniors

As a whole, the group acknowledged the need for seniors' mental health researchers to:

- Improve access to disseminated research (i.e. journals etc)
- Increase the use of understandable language or provide knowledge in various forms depending on the stakeholder group (i.e. general public, research community)
- Demonstrate the positive impact of research findings on outcomes, cost and policy
- Improve the ability to demonstrate success of research on outcomes

6.2 Enablers: Discussion and Recommendations

Seniors' mental health has not been a priority issue or an area within research that has generated much interest, recruitment or retention. Furthermore, in comparison to other health areas, the various issues and topics related to seniors' mental health have not been supported with as much infrastructure, data collection and funding.

CCSMH Research Workshop participants identified key enablers that would help to promote, stabilize and enhance seniors' mental health research in Canada. The following recommendations should be adopted.

Enablers - Recommendation (s)

Capacity Building:

- 5. Identification of incentives suggested in this report, in addition to alternative incentives must be pursued, approved and implemented by multiple funding and research bodies.**
- 6. Increased funding must be made available to support recruitment and retention activities including:**
 - Re-orientation/re-tooling for scientists to expand and refocus their activities to seniors' mental health research**
 - Supporting researchers located in non-academic settings**
 - CRC Chairs; CIHR investigator awards**
- 7. Increased support and funding for the recruitment of students into seniors' mental health research must be made available to support initiatives including:**
 - Development of summer research institutes/workshops related to seniors' mental health**
 - Development of an educational toolkit to be used in various educational settings to facilitate the integration of seniors' mental health research issues into curriculum**
 - Attached funding for post-doctoral and fellowships to relevant research programs**
- 8. Education institutions (multidisciplinary) must be mandated to develop and require courses in aging/aging research in the formative years. Furthermore, clinical training should incorporate exposure to seniors' mental health issues in various settings.**

Creating and Maintaining Collaborative Networks:

- 9. Support (funding and partnerships) by research and funding bodies must be identified for the formal creation and sustaining of a Seniors' Mental Health Research Network. The CCSMH is recommended to act as a key lead and collaborative partner in this Network endeavour. The CIHR Institutes of Aging and Neurosciences, Mental Health and Addictions must be integrated fully with the new Network.**

Enablers - Recommendation (s) continued...

Establishing and Sharing of Databases and Resources:

- 10. Stable processes, infrastructure, knowledge transfer, and national accountability for the collecting and sharing of data and information on resources within and between identified stakeholders must be established and implemented.**
- 11. Partnerships with key stakeholders (i.e. Statistics Canada, CIHR Institutes) to develop opportunities, processes and resources to collect, access and share increased and appropriate primary and secondary data specific to seniors' mental health must be enhanced.**

Cultivating Awareness

- 12. Mechanisms within funding that serve to increase and promote aging research through a life span lens must be increased and shared more broadly and frequently with the seniors' mental health community.**
- 13. CIHR Institutes and CHSRF should take the leadership to identify and plan strategic initiatives to improve public perception of seniors' mental health issues and to foster increased research activity. The CCSMH should link with leaders of the initiative to disseminate information as part of a National Awareness project with appropriate stakeholder groups.**

Increasing and Identifying Funding Models:

- 14. Increased global funding for research programs focused on seniors' mental health must be supported at the Federal/Provincial/Territorial levels. Recommendations in the report generated at the Research Workshop must be considered as key options.**

Enhanced Knowledge Transfer:

- 15. Research and funding bodies must ensure that all research includes a mandatory component focused on the dissemination and transfer of research knowledge.**
- 16. Research bodies must develop an accountable planning body to facilitate strategic infrastructure and process to ensure improved access and sharing of research and research outcomes.**

7.0 Creation of the CCSMH Seniors' Mental Health Research Network

One of the key accomplishments from the CCSMH Research Workshop was the consensus reached by participants of the need for a Seniors' Mental Health Research Network. As such, the CCSMH agreed to facilitate the development of such a Network and Dr. David Hogan agreed to be the temporary chair of the new initiative. Several workshop participants volunteered to sit on a sub-committee and held their first meeting in December 2004.

To date, the following has been determined:

Research Network Objectives:

1. To create a resource that will encourage and enhance the sharing of ideas, initiatives, proposals, results and other applicable knowledge transfer related to seniors' mental health
2. To increase seniors' mental health research activity through collaborative advocacy
3. To decrease identified barriers facing seniors' mental health researchers
4. To facilitate the development of increased inter-disciplinary, inter-sectoral and inter-provincial partnerships related to research focused on seniors' mental health

Research Network Outcomes:

- A National web-based inventory of seniors' mental health research information providing resource information on
 - Researcher names, contact information
 - Current research projects
 - Past research projects with results
 - Researcher interests
- Mechanism for enhanced collaboration and partnerships for research proposals and studies
- Facilitated development of identified barriers with potential solutions
- Co-ordinated advocacy strategy to enhance awareness and to encourage funding

Research Network Audience:

- Researchers
- Representatives of research funding bodies
- Representatives of Federal, Provincial and Territorial Government Leaders and policy planners
- Administrators and Educators of LTC and Community based providers
- Additional research networks
- CCSMH Members

Research Network Subcommittee

The following individuals generously agreed to participate on the Research Network Subcommittee with the mandate to establish the Seniors' Mental Health Research Network.

Howard Chertkow	Martha Donnelly	David Hogan (Chair)	Penny MacCourt
Marlene Reimer	Esther Roberts	Mohindar Singh	Don Stuss
Holly Tuokko			

Next Steps

The Research Network Subcommittee has determined that next steps include:

- Fundraising to support the start-up and ongoing costs of the initiative
- Exploring web-based options to facilitate collaboration, sharing of resources and knowledge transfer exchange
- Reviewing similar networks to better understand and to seek models for functioning
- Forming a communications plan to raise awareness, recruit participants and provide knowledge transfer on a go forward basis
- Seeking the support of key National and Provincial stakeholders to act as partners for the initiative (i.e. CIHR Institutes of Aging and Neurosciences, Mental Health and Addictions, CHSRF, Statistics Canada, Health Canada etc)

Information on the development of this key initiative will be posted on the CCSMH website over the coming months. As collaborative and funding efforts evolve, so too will the enhancement of sharing resources, and opportunities related to seniors' mental health research in Canada.

8.0 Conclusion

It is important to emphasize the critical need for an increased commitment to seniors' mental health research in Canada.

The Research Workshop hosted by the CCSMH proved to be a tremendous success. Key researchers and stakeholders in Canada achieved consensus on key themes for research, principles for funding and on current barriers that hinder seniors' mental health research. Recognizing the opportunity to provide solutions to their obstacles, the Research Workshop participants identified solutions to strengthen seniors' mental health in Canada.

The contents of this report are based on the tremendous knowledge of those individuals currently engaged in seniors' mental health research, funding or clinical provision. Their understanding and insight into the challenges and opportunities must be validated and solutions must be sought. This report provides a number of recommendations for research bodies and funding agencies to consider and implement. With these recommendations and the further collaboration of key stakeholders, we can drive the transformation of seniors' mental health research in Canada.

Synopsis of Recommendations

Themes for Research

1. Seniors' Mental Health must be identified as a long-term priority area of research within relevant CIHR Institutes (i.e. Institute of Aging; Institute of Neurosciences, Mental Health and Addiction). In addition, the key themes identified at the CCSMH Research Workshop should be recognized as key areas for research within seniors' mental health.
2. There is a need for increased recognition and action by Federal/Provincial/Territorial governments, universities, hospitals, long-term care facilities, community service providers and others regarding the necessity for seniors' mental health research.
3. Current National Research bodies should review the recommended themes related to seniors' mental health research to identify current gaps of knowledge and create a formal short and long term plan for specific calls and funding related to acknowledged areas.

Principles

4. The principles identified in the CCSMH Research Workshop should be adopted as a formal guide to setting funding priorities and approving research proposals within funding bodies (CIHR Institutes, Federal/Provincial/Territorial Funding Bodies, Universities, Hospitals, private funding bodies) in order to support the advancement of seniors' mental health research in Canada.

Capacity Building:

5. Identification of incentives suggested in this report, in addition to alternative incentives must be pursued, approved and implemented by multiple funding and research bodies.
6. Increased funding must be made available to support recruitment and retention activities including:
 - Re-orientation/re-tooling for scientists to expand and refocus their activities to seniors' mental health research
 - Supporting researchers located in non-academic settings
 - CRC Chairs; CIHR investigator awards
7. Increased support and funding for the recruitment of students into seniors' mental health research must be made available to support initiatives including:
 - Development of summer research institutes/workshops related to seniors' mental health
 - Development of an educational toolkit to be used in various educational settings to facilitate the integration of seniors' mental health research issues into curriculum
 - Attached funding for post-doctoral and fellowships to relevant research programs

8. Education institutions (multidisciplinary) must be mandated to develop and require courses in aging/aging research in the formative years. Furthermore, clinical training should incorporate exposure to seniors' mental health issues in various settings.

Creating and Maintaining Collaborative Networks:

9. Support (funding and partnerships) by research and funding bodies must be identified for the formal creation and sustaining of a Seniors' Mental Health Research Network. The CCSMH is recommended to act as a key lead and collaborative partner in this Network endeavour. The CIHR Institutes of Aging and Neurosciences, Mental Health and Addictions must be integrated fully with the new Network.

Establishing and Sharing of Databases and Resources:

10. Stable processes, infrastructure, knowledge transfer, and national accountability for the collecting and sharing of data and information on resources within and between identified stakeholders must be established and implemented.
11. Partnerships with key stakeholders (i.e. Statistics Canada, CIHR Institutes) to develop opportunities, processes and resources to collect, access and share increased and appropriate primary and secondary data specific to seniors' mental health must be enhanced.

Cultivating Awareness

12. Mechanisms within funding that serve to increase and promote aging research through a life span lens must be increased and shared more broadly and frequently with the seniors' mental health community.
13. CIHR Institutes and CHSRF should take the leadership to identify and plan strategic initiatives to improve public perception of seniors' mental health issues and to foster increased research activity. The CCSMH should link with leaders of the initiative to disseminate information as part of a National Awareness project with appropriate stakeholder groups.

Increasing and Identifying Funding Models:

14. Increased global funding for research programs focused on seniors' mental health must be supported at the Federal/Provincial/Territorial levels. Recommendations in the report generated at the Research Workshop must be considered as key options.

Enhanced Knowledge Transfer:

15. Research and funding bodies must ensure that all research includes a mandatory component focused on the dissemination and transfer of research knowledge.
16. Research bodies must develop an accountable planning body to facilitate strategic infrastructure and process to ensure improved access and sharing of research and research outcomes.

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APPENDIX A - EXECUTIVE SUMMARY PRE-WORKSHOP SURVEY



CANADIAN COALITION FOR SENIORS' MENTAL HEALTH

PRE-WORKSHOP SURVEY RESPONSE SUMMARY TRENDS & PRIORITIES IN SENIORS' MENTAL HEALTH RESEARCH

**Summarized By:
Tekara Organizational
Effectiveness Inc.
202 – 1080 Mainland Street
Vancouver, BC V6B 2T4**



Date: March 15, 2004

Executive Summary

Background: Canadian Coalition for Seniors' Mental Health (CCSMH)

The CCSMH was established in 2002 following a 2-day symposium on "gaps in mental health services for seniors in long term care settings". The goal of the CCSMH is to support collaborative initiatives that will facilitate positive mental health for seniors through innovation and dissemination of best practices.

Invitational Workshop on Seniors' Mental Health Research Priorities

The CCSMH is hosting a two-day invitational workshop on seniors' mental health research priorities on September 20th & 21st 2004 in Toronto, Ontario. The purpose of the workshop is to identify and document a set of national research priorities for funding related to seniors' mental health. The recommendations arising from the workshop will be submitted to the Canadian Institute of Health Research (CIHR) for inclusion into their strategic planning process and shared with the members of the CCSMH as well as other relevant parties.

Pre-Workshop Survey Methodology & Response Rate

In preparation for the workshop, the CCSMH designed and distributed over 100 survey questionnaires to obtain input from key stakeholders (researchers and clinical care practitioners working in the field of seniors' mental health & not-for-profit caregiver associations serving seniors) to define the main issues for research. The CCSMH received 41 completed questionnaires. The sections below highlight the key findings of the survey (a detailed summary of the responses may be found in the Summary Report Document).

Recent Advances in Seniors' Mental Health Research

Respondents identified the following significant advances in seniors' mental health research in recent years:

- An increased emphasis on prevention and health promotion
- An increased incidence of successful early detection and accurate diagnosis
- The development and testing of more effective interventions and treatments (including drug therapy and non-pharmacological treatments)
- The greater understanding of the prevalence, incidence and impact of dementia and other cognitive disorders in later life as a consequence of well-designed studies such as the Canadian Study of Health and Aging (completed) and the Canadian Longitudinal Study on Aging (recently initiated)
- A gradual increase in public awareness of seniors' mental health issues and of the mental health needs of caregivers and front line health care practitioners looking after seniors with mental health conditions
- The realization and acceptance of the need for an interdisciplinary approach to the promotion and maintenance of mental health as well as to the management and treatment of mental illness.

While this list does paint a positive picture of recent research gains, respondents were quick to point out that while progress has been made, we have much farther to go.

Current Trends in Senior's Mental Health Research

The following is an overview of the current research being carried out by those respondents who submitted completed questionnaires.

RESEARCH THEME: HEALTHY AND SUCCESSFUL AGING

Prevention / Health Promotion: Predictors of physical and mental well-being among older adults; Promotion of mental health through physical activity; Prevention of depression in nursing home residents

Early Detection / Improved Diagnosis: Risk factors for dementia

Improved Maintenance / Slowing of Decline: Maintenance of cognitive function

Longitudinal & Cohort Studies: Longitudinal study about actualization of potential
Cohort study of elderly in community living settings

RESEARCH THEME: BIOLOGICAL MECHANISMS OF AGING

Prevention / Health Promotion: Genetics and mechanisms of successful aging

Early Detection / Improved Diagnosis: Relation of cognitive decline to metabolic parameters

Effective Treatment: Signs, causes and treatment of peripheral neurodegenerative disorders (especially diabetic neuropathy)

Other: Links between thought processes and immune function (psychoimmunology), physiological effects of stress (e.g., caregiving)

RESEARCH THEME: COGNITIVE IMPAIRMENT

Prevention / Health Promotion: An estrogen trial to delay the onset of Alzheimer's disease in memory-impaired women

Early Detection / Improved Diagnosis: Examining various methods for the early identification of cognitive impairment, Factors that influence detection, and the functional implications of cognitive impairment; Predictors of the development of dementia in Parkinson's patients; Epidemiology/risk factors for dementia

Improved Maintenance of Mental Health / Slowing of Decline: Impact of environmental design on orientation behaviours in institutional care; Effects of cholinesterase inhibitors on memory in aging and following traumatic brain injury; Cognitive enhancer studies

Effective Treatment: Clinical trials of drugs for dementia

Longitudinal & Cohort Studies: Cohort studies of patients with Alzheimer's Disease; Multi-sample longitudinal study of cognitive aging in healthy adults (determinants of individual differences in cognitive change in later life); longitudinal study of early indicators of sub-clinical dementia

Other: Systematic review on impact of inter- and intra-institutional transfers for adults with dementia; Evaluation of a training program designed to help staff more effectively manage catastrophic behaviours in long-term care settings

RESEARCH THEME: AGING AND MAINTENANCE OF FUNCTIONAL AUTONOMY

Prevention / Health Promotion: Buffers to psychopathology among older adults

Early Detection / Improved Diagnosis: Development of functional scale < Disability Assessment in Dementia

Improved Maintenance of Mental Health/Slowing of Decline: Cognitive reminiscence therapy for depressed elderly; Evaluation of improved methods of managing depressed seniors in primary care; Maintenance of physical functioning & impact on mental functioning

Effective Treatment: Identify and evaluate specific psychosocial interventions designed to meet the mental health needs of older adults through involvement with health care professionals, family or other resources in the community

Other: Better understanding of frailty; Pain perception - exacerbating and alleviating factors among institutional care recipients; Meaning in life and aging; The experience of hope in aging; Patterns in diagnosis, treatment and co-morbidity of depression in institutional care settings; Use of computers to enhance social support among caregivers of people with stroke damage and Alzheimer's Disease

RESEARCH THEME: HEALTH SERVICES AND POLICIES

Analyzing Trends: Cost of nursing home care; Trends in health care use over time; Impact of the aging population on the health care system; Hidden costs of seniors' care and invisible contributions; Drug use by older individuals (population therapeutics)

Developing Policies: Policy changes needed in order for home care to be responsive to seniors' mental health needs; Establishment of policies for the management of several types of dementia; Community dwelling spouses and financial policies

Improving Service Delivery: Functioning within interdisciplinary teams for geriatric psychiatry service provision; Nature of recreation and leisure programs in long-term care settings in Canada (barriers and challenges to creation of more open environments)

Providing Better Treatment: Provision of cognitive behavioural group therapy for depression for seniors; Health services research focus on optimizing prescribing drugs in long-term care settings; Best practices to improve pain management in institutional settings

Caregiver Issues: Examining the needs of dementia caregivers in the community and how community support services could better meet those needs; Examining changes in caregiving roles in the long-term care setting

Evaluating and measuring progress: Report card on homecare in Canada; Devising valid and reliable measures of individualized care for institutionalized dementia sufferers; Evaluation of the change in service provision based from a mental health and physical health perspective; Evaluating Alzheimer specialized environments - comparison of purpose-built with traditional environments on cost & quality of life; Development of quality indicators for mental health, home care, long term care

Other: Investigating the experience of moving a loved one from the community to a long-term care setting for family members in order to identify strategies to ease the transition for both family members and residents

RESEARCH THEME: OTHER CURRENT RESEARCH RELATED TO SENIORS' MENTAL HEALTH

Prevention / Health Promotion: Suicide among institutionalized seniors

Early Detection / Improved Diagnosis: Development and piloting of mental health and addictions screening tool

Improved Maintenance of Mental Health / Slowing of Decline: Multicentre clinical trials for symptomatic treatment and stabilization of Alzheimer’s disease; Adaptation to mourning and life transition

Effective Treatment: Service delivery models in psychogeriatrics

Other: End-of-life in institutional settings; Aging without age discrimination; Development of protocols for working with spouses of residents in long-term care who are sexually inappropriate; Functions of autobiographical memory in young, middle-aged and older adults

Suggested Priorities for Future Research

Survey respondents identified priority mental health challenges facing seniors in Canada and provided the following directions for research to address each issue:

<i>Important Mental Health Challenge Facing Seniors</i>	<i>Suggested Research to Address</i>
Dementia, depression, cognitive impairment, mood and anxiety disorder, suicide	Development and testing of more effective methods of: health promotion, disease prevention, early detection, diagnosis, and treatment (including both drug and non-pharmacological therapy)
Isolation	Effective strategies for reducing isolation, and for delivery services to isolated seniors.
Inadequacy and inaccessibility of appropriate mental health care & services; lack of integration of health services delivery systems	How can we adapt service delivery so that services become more accessible? Evaluation of improved models of care tailored to the Canadian health care system.
Drug-related issues (e.g., underuse, overuse, bad combinations) in seniors taking multiple drugs	Identifying trends of adverse effects or interactions and developing strategies to address these
Adequacy / quality of available long-term care	Adaptation of long-term care facilities to the needs of people with mental health challenges (e.g., cognitive problems).
Adequacy of training for medical professionals and front-line staff who deal with seniors with mental health challenges	Understanding barriers to enhancing training about mental health issues and implementing best practices.
Lack of public awareness / societal acceptance	Effective ways to reduce the stigma attached to mental health issues for seniors.

Respondents also noted the need for research into issues related to caregivers (e.g., relieving their burden; addressing the mental health needs of caregivers).

Opportunities for Collaboration

Survey respondents identified the following positive existing collaborative efforts

- The initiatives developed by CIHR, emphasizing multidisciplinary team research, and especially the development of the new Canadian Longitudinal Study on Aging (CLSA) provide

excellent opportunities to generate data sets based on multiple collection sites and using a variety of innovative methods.

- The Community University Research Alliance (CURA) program by the Social Sciences and Humanities Research Council (SSHRC) provides the opportunity to develop infrastructure and shared development of specific research projects, methods to improve training and enrich the functioning of both university researchers and community service groups.

The following additional research areas and topics where new/additional collaborative efforts would be appropriate and helpful were noted:

- Multidisciplinary partnerships to test protocols.
- Opportunities are multiple and projects that are now conducted in “isolated” centres can be bridged or added to. All modalities (interdisciplinary, multi-institute, etc.) could be used.
- Developing integrated multidisciplinary systems to provide rapid access to care for seniors with mental health issues, with ongoing management.
- Inter-provincial comparisons using survey data and administrative.
- Development of a suite of standards-based assessment tools that span seniors, community, mental health & addictions with chronic care and urgent/emergent assessment components.
- Holistic models encompassing medical and psychosocial approaches require targeted expertise in the various areas, and are best met by collaborative efforts.
- Most provincial health care systems have branches that specifically address seniors’ mental health. These could be characterized and compared at many levels (e.g., administration, models of implementation, administrative data collected).
- Proposed Dementia Centres for Excellence
- Look for flow in patients and subjects (e.g., acute to chronic, early detection to follow-up). This makes for logical connection of different institutions and development of common data bases.

Some respondents were of the opinion that if the right conditions are in place (i.e., sufficient resources and funding) the collaborations will develop organically around common interests and objectives. These might be driven by population characteristics, disease-focus, or sector priorities, among others. The challenge is to create the nurturing environment and then collaborations will follow. A number of suggestions for facilitating collaboration were made:

- Provide more targeted funding for team development and the initiation of pilot studies. Funding is needed to bring together potential/emerging teams to develop ideas/research.
- Provide more funding for non-pharmacological research.
- CCSMH and other emerging coalitions should continue to present opportunities for networking.

In addition, some best practices in collaborative research were proposed:

- Need to include consumers and front line workers in research.
- This research must be interdisciplinary and multi-site; but at the same time, it must generate common data sets, through partnerships, among funders, policy makers,

researchers and the myriad stakeholders involved in this aspect of aging research. A champion will need to be identified, but having done so, the endeavour must be broadened quickly.

- It is important that multiple perspectives (i.e., inter-disciplinary, different levels of inquiry) and multiple methods (e.g., quantitative, qualitative) be employed.
- It is important that cognitive disorders be studied in context as a mental health problem. The distinction between cognitive disorders and mental health disorders is artificial, at least in the area of psychogeriatrics.
- Overlap needed between geriatric medicine, psychiatry and neurology as many issues relate to caring for frail older adults with dementia.
- Partnerships should be logical and question driven; that is, forcing partnerships and multi-site approaches can be very negative. Look for groups that are already interdisciplinary; see if there is logic for partnerships, which should be done only to supplement subject bases, or skill bases.

Barriers to Collaboration

The most common barriers to collaboration cited by respondents were:

- **Funding:** lack of or insufficient funding generally; lack of funding for research that does not emphasize the biomedical and/or pharmacological approach to mental health; lack of funding for the time and energy required to foster collaborations and develop partnerships (i.e., time spent that is not immediately “research-productive”); insufficient funding to support community groups’ involvement in the research; competition among potential collaborators for limited grant funds; lack of support for knowledge transfer initiatives
- **Time:** lack of protected time for clinician researchers and for academic researchers who have heavy work/teaching loads; lack of time on the part of doctors and people working in health authorities.
- **Opportunity to network:** limited opportunities for collaborators with common interests and objectives to network.
- **Data collection & infrastructure issues:** lack of infrastructure to support the data collection required for multi-site/multi-region collaboration; no mechanisms for researchers with similar interests to keep each other informed and share data; limited access to populations; no multi-site, multi-professional research organization to design and conduct studies;
- **Individualist mentality:** Despite increasing collaborations in sometimes very large teams, researchers remain individualists at heart and the system of rewards reinforces that; lack of communication among researchers and the choice to work independently; ownership and “turf” issues; and sometimes ego.
- **Disciplinary boundaries:** Differences among researchers from different disciplinary backgrounds; professional “silos”; differences in philosophical orientation; “stove-piping” of areas of research;
- **Relationship between researchers and service providers:** lack of relationship and communication between academic research and community service providers; doctors are unavailable to participate; long-term care facilities and hospital centres are not open to psychological research.

APPENDIX B : CCSMH RESEARCH WORKSHOP PARTICIPANTS

Last Name	First Name	Organization/Position	Province
Bruto	Venera	Canadian Psychological Association	Ontario
Butterill	Dale	Manager, Knowledge Transfer Health Systems Research and Consulting Unit, Centre for Addiction Mental Health (CAMH); Canadian Health Services Research Foundation (CHSRF)	Ontario
Cairney	John	Research Scientist, Assistant Professor, University of Toronto; Canadian Health Services Research Foundation (CHSRF)	Ontario
Cappeliez	Phillipe	Professor Titulaire, University of Ottawa, School of Psychology	Ontario
Chertkow	Howard	Director, Bloomfield Centre for Research in Aging	Québec
Conn	David	Co-chair of CCSMH; Psychiatrist –in-Chief; Associate Professor, University of Toronto; President, Canadian Academy of Geriatric Psychiatry; Head of Psychiatry, Baycrest	Ontario
Diamond	Jack	Scientific Director, Alzheimer’s Society of Canada	Ontario
Donnelly	Martha	Head, Division of Geriatric Psychiatry, University of British Columbia	B.C.
Drummond	Neil	Associate Professor, Department of Family Medicine,	Alberta
Ebsary	Sally	Consultant Pharmacist, Medical Pharmacies Group Inc	Ontario
Fisher	Rory	Regional Geriatric Program; Canadian Association on Gerontology	Ontario
Gekoski	Bill	Professor Emeritus, Department of Psychology, Queens University	Québec
Gibson	Maggie	Canadian Psychological Association; St. Joseph’s Health Centre, Veterans Care	Ontario
Hermann	Nathan	Head, Division of Geriatric Psychiatry, University of Toronto; Sunnybrook and Women’s College Health Science Centre	Ontario
Hirdes	John	Professor, University of Waterloo; Department of Health Studies and Gerontology	Ontario
Hogan	David	Professor and Brenda Strafford Foundation Chair in Geriatric Medicine, University of Calgary, Health Sciences Centre ; Rep: Canadian Geriatrics Society	Calgary
Kaplan	Mark	Professor of Community Health, Portland State University- Visiting Fulbright Scholar (Jan-June 04) University of Ottawa	Portland, Oregon
Landreville	Phillippe	Professor, Université Laval, École de psychologie	Québec
Lapierre	Sylvie	Professor, Director of the Gerontology Laboratory	Québec
LeClair	Ken	Professor and Chair, Geriatric Division, Department of Psychiatry; Co-Chair CCSMH	Ontario
MacCourt	Penny	Research Affiliate, Centre on Aging, University of Victoria; Coordinator Seniors Psycho-Social interest group	B.C.
McInnis Perry	Gloria	Director Seniors Mental Health Programs, Provincial Health Services Authority; Canadian Federation of MH Nurses	PEI
Menec	Verena	Associate Professor, Department of Community Health Sciences, Faculty of Medicine, University of Manitoba	Manitoba
Moore	Sharon	Associate Professor, Centre for Nursing and Health Studies, Athabasca University; Rep: Canadian Nurses Association & Canadian Gerontological Nurses Assoc.	Calgary
Newman	Iris	Administrator, The Capital Care Group; Rep: Alberta Long Term Care Assoc.	Alberta
O’Rourke	Norm	Clinical; Gero-psychologist, Simon Fraser University, Gerontology Research Centre	B.C.
Pape	Bonnie	Director of Programs and Research, Canadian Mental Health Association	Ontario
Parent	Karen	Research Coordinator Queen’s University	Ontario

Last Name	First Name	Organization/Position	Province
Pellerin	Anne-Marie	Director, Residential Care, Veterans Affairs Canada	Ontario
Plouffe	Louise	Health Canada, Division of Aging, Rep – CIHR (IA)	Ontario
Preville	Michel	University institute of geriatrics of Sherbrooke, Research Centre on Aging	Québec
Pushkar	Dolores	Professor, Psychology, Centre for Research in Human Development, Concordia University	Québec
Reimer	Marlene	Professor, Faculty of Nursing, University of Calgary, Rep. CIHR (INMHA)	Calgary
Roberts	Esther	Vice President, Canadian Caregiver Coalition	Ontario
Rockwood	Ken	Chair, Alzheimer’s Research & Professor, Dalhousie University	Nova Scotia
Singh	Mohindar	Member, National Advisory Council on Aging	Manitoba
Slaughter	Susan	Senior Research Associate, Dept of Family Medicine, University of Calgary; Alberta Gerontological Nurses Association	Alberta
Stewart	Norma	Professor and Associate Dean, University of Saskatchewan	Saskatchewan
Stuss	Donald	Professor Psychology & Medicine, University of Toronto, Rotman Research Institute	Ontario
Tierney	Mary	Professor and Senior Scientist, University of Toronto, Sunnybrook and Women’s College Health Sciences Centre	Ontario
Tuokko	Holly	Professor, & Senior Investigator, University of Victoria	B.C.
Voyer	Phillipe	Assistant Professor, Faculté des sciences infirmières, Université Laval	Québec
Walker	Marianne	President and CEO, St. Joseph’s Health Centre Guelph, Rep: Ontario Assoc for Non Profit Homes and Services for Seniors	Ontario

Last Name	First Name	Organization/Position	Province
Malach	Faith	Executive Director, CCSMH	Ontario
Haber	Shelly	Executive Director, Canadian Academy of Geriatric Psychiatry	Ontario
Marion	MacAdam	Facilitator, Tekara Organizational Effectiveness Inc.	B.C.

APPENDIX C : – 2-DAY WORKSHOP AGENDA

Research Workshop Agenda September 20th & 21st 2004 Wyndham Bristol Place Hotel Toronto

Research Mandate of the Canadian Coalition for Seniors' Mental Health

To advocate for and facilitate initiatives that creates a strong seniors' mental health research environment in Canada.

Purpose:

The purpose of the research workshop is to gain consensus among a diverse group of stakeholders on:

- An environmental scan which documents the state of seniors' mental health research on Canada
- Major themes for seniors' mental health research
- Principles for setting funding priorities
- Barriers, opportunities and initiatives that prevent/strengthen seniors' mental health research in Canada.
- Dissemination, knowledge transfer and advocacy initiatives related to the findings of the research workshop.

Day 1 – September 20th, 2004

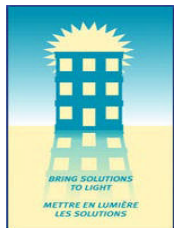
Time	Agenda Item
8:00 – 8:30	Registration and Refreshments
8:30 – 8:45	Welcome / Review Purpose / Overview of Session Agenda <ul style="list-style-type: none"> • Session Purpose • Review Agenda • Session Guidelines • Agreement levels for decision-making • Other 'house-keeping' items
8:45 – 9:00	Introductions
9:15 – 9:45	Setting the Context – Dr. David Hogan <ul style="list-style-type: none"> • Review summary of pre-workshop survey – current trends, suggested priorities for future research, opportunities & barriers for collaboration • Expectations for the workshop
9:45 – 10:00	Role of the Evaluation <ul style="list-style-type: none"> • Potential impact of the evaluation on this process
10:00 – noon (includes Health Break)	Where are we today? (Break Out Groups) Purpose: To allow participants to discuss/comment on the pre-session survey (environmental scan) and document missing information (if any) <ul style="list-style-type: none"> • To identify major research themes

	<ul style="list-style-type: none"> To agree on principles that could be used for setting funding priorities
12:00 – 1:00	Lunch & informal networking
1:00 – 2:00	Plenary Reports from Breakout Groups on: <ul style="list-style-type: none"> Recommendations for the major themes Principles for setting funding priorities
2:00 – 2:45	HSRCU, CAMH Presentation – Dale Butterill <ul style="list-style-type: none"> Knowledge Transfer and Exchange: How can we use the results of the workshop to create change?
2:45 – 3:00	Health Break
3:00 – 4:15	Identifying Barriers and Enabling Initiatives (Breakout Groups) Purpose: To identify barriers and opportunities/enablers to creating an enhanced seniors mental health research environment.
4:15 – 4:30	Day 1 Summary & Wind-up
4:30 – 5:00	Health Break
5:00 – 6:00	Networking Reception
6:00 – 9:00	Dinner

Day 2 – September 21st 2004

8:00	Refreshments
8:30 – 9:30	Day 2 Opening Note: A written Summary of Day 1 will be provided, including: <ul style="list-style-type: none"> List of major themes identified Principles for setting funding priorities List of enabling initiatives Plenary <ul style="list-style-type: none"> Review of Day 1 – reflections/adjustments Validation – ‘Sanity check’ – Challenge: Do we have the right enabling initiatives? Review focus for Day 2
9:30 – 11:30 (includes break)	Enabling Initiatives (Breakout Groups) Purpose: To further develop the proposed enabling initiatives .
11:30 – 12:30	Plenary Reports from Breakout Groups on the enabling initiatives.
12:30 – 1:30	Lunch and informal networking
1:30 – 2:30	Plenary – Next Steps: Purpose: To obtain feedback and gain agreement on the enabling initiatives and determine next steps in regard to: <ul style="list-style-type: none"> Knowledge transfer Dissemination Advocacy initiatives To obtain input on: <ul style="list-style-type: none"> Key messages How to get the messages out & to whom Other potential collaborators/stakeholders.
2:30 – 2:50	Session Evaluation – Katherine Boydell
2:50 – 3:00	Closing Remarks
3:00	Session Close

APPENDIX D : EVALUATION INTERIM REPORT



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 ressource

Setting Strategies for Research, Partnerships and Knowledge Transfer Initiative

EVALUATION INTERIM REPORT

OVERVIEW

On September 20th and 21st 2004, 47 key stakeholders gathered in Toronto, Canada for a two-day Research Workshop sponsored by the Canadian Coalition for Seniors' Mental Health (CCSMH). The purpose of the workshop was to gain consensus among a diverse group of stakeholders on:

- An environmental scan which documents the state of seniors mental health research in Canada
- Major themes for seniors mental health research
- Principles for setting funding priorities
- Barriers, opportunities and initiatives that will enable the implementation of an enhanced seniors' mental health research environment.
- Dissemination, knowledge transfer and advocacy related to the findings of the research workshop.

All too often workshops/ symposia are held that do not have any evident long-term impact on the health system or on Canadians. It is important to ensure that the deliverables of these meetings are effectively disseminated and the impact is evaluated. The CCSMH's *Setting Strategies for Research, Partnerships and Knowledge Transfer Initiative* has an evaluative component that was built in at the outset of the project.

OBJECTIVES

This evaluation is intended to address the key components of the initiative through the following three objectives (see Appendix I for details of the evaluation plan):

1. to document the process, range of activities, deliverables, and impact of the stakeholder workshop;
2. to document government/funder/organizational decisions about the future directions for national action to address senior's mental health issues; and
3. to evaluate the effectiveness of the initiative and its success regarding the dissemination of knowledge and information.

This interim report will focus on objective 1, the impact of the stakeholder workshop. The research questions that informed this stage of the evaluation included:

What is the key stakeholder experience regarding their participation at the 2-day think tank?

What new knowledge was created regarding senior's mental health?

Was the process collaborative? Was a sense of partnership created?

METHODS

The evaluation triangulates methods, both quantitative and qualitative. Triangulation is a term borrowed from navigational language and refers to the necessity of plotting one's course from at least two points on the compass. In the case of research, triangulation highlights the need to examine a particular problem from a number of perspectives. It is a well-respected methodological technique (Denzin, 1978; Webb, Campbell, Swartz and Sechrest, 1980) which is broadly defined as the use of two or more sources of data, observers, methods, or theories (Greene and McClintock, 1983). These methods reinforce one another in both discovering and validating information. The use of both methodologies strengthens the validity of overall findings through congruence or complementarity of the results from each method (Steckler, McLeroy, Goodman, McCormick and Bird, 1992). Congruence refers to the similarity, consistency and convergence of results, whereas complementarity refers to one set of results enriching, expanding upon, clarifying or illustrating the other.

In order to assess the process of organizing and planning for such an initiative, participant observation was undertaken with the steering committee that was created to prepare for the two-day research workshop. Detailed field notes were taken during steering committee meetings and email correspondence between committee members were used in a documents analysis to describe the process of implementing the workshop.

In order to assess the impact of the research workshop on participants, several strategies were utilized, both quantitative and qualitative. First, a pre and post survey questionnaire was distributed to all stakeholder participants as a URL link via email. This survey used a web-based survey application (www.surveymonkey.com). A letter describing the purpose of the project and providing the URL link to the survey was sent via email to all participants one week prior to the workshop and one week following the workshop. To enhance participation, reminder emails were sent to the entire group (as responses via the survey were anonymous). This survey involved three main questions pertaining to expectations of the workshop (pre) and whether or not those expectations were met (post). Second, a workshop evaluation questionnaire was inserted in workshop binders, which all participants received. A 15-minute time period was allotted for at the end of the workshop for completion of these evaluation forms. Third, in-depth qualitative telephone interviews were held with workshop participants to discuss their experiences of participating in the workshop and their activities post workshop.

RESULTS

THE RESEARCH WORKSHOP: PLANNING PROCESS

Field notes taken during participant observation of three research workshop steering committee meetings revealed common themes in the planning discussions. One of the key desires of the committee

was to ensure adequate representation vis-à-vis the invitees - this presentation covered both geographic, content area and discipline or affiliation. There was a concerted effort to steer away from having the two day event become a conference. The intention was clearly a workshop wherein participants would have the opportunity to co-create an agenda for seniors' mental health research.

A great deal of time and effort was devoted to crafting the specific objectives of the workshop and discussing what could practically be expected at the end of the two days. To this end, an action-planning template was constructed in order that participants could actually formulate plans to move their discussions and plans forward following the workshop.

MEASURING THE IMPACT OF THE RESEARCH WORKSHOP

Pre and Post Workshop Survey

Pre workshop surveys were completed by 24 participants and post surveys were completed by 23 respondents. Although survey respondents remained anonymous, the survey identified the discipline or affiliation of the workshop participants. This was particularly important as the steering committee CCSMH wanted to ensure representation from a wide diversity of individuals within the field. Table 1 indicates the wide representation from hugely diverse fields, indicating that the workshop involved a multidisciplinary group of individuals. In particular, the main group of respondents over both time periods were psychologists. The 'other' category was also identified by many and included geriatric medicine, pharmacy, neuropsychology, knowledge transfer, community mental health, family medicine, research, administration.

Table 1
Workshop Participants

Discipline/Affiliation	Pre Survey N=24	Post Survey N=23
Psychology	41.7%	39.1%
Geriatric Psychiatry	16.7%	4.3%
Gerontology	12.5%	21.7%
Nursing	12.5%	17.4%
Public Health	4.2%	17.4%
Psychiatry	8.3%	8.7%
Epidemiology	8.3%	8.7%
Neurology	4.2%	8.7%
Policy	8.3%	13%
Social Work	4.2%	4.3%
General Medicine	4.2%	0%
Public Health	4.2%	17.4%
Other	29.2%	34.8%

Respondents were asked to indicate their expectations of the workshop and whether or not those expectations were met. As illustrated in Table 2, the majority of individuals indicated that they expected the workshop would identify the major themes for seniors' mental health research (95.8%) and that this expectation was met (91.3%). It is interesting to note that the workshop exceeded expectations in terms of achieving agreement on the environmental scan that documented the state of seniors' mental health research in Canada and in terms of identifying principles for funding priorities for research in seniors' mental health.

Table 2
Expectations regarding the Research Workshop

Item	% with expectation N=24	% for whom expectation met N=23
To achieve agreement regarding environmental scan	41.7%	65.2%
To identify major themes for seniors' mental health research	95.8%	91.3%
To address barriers, opportunities & initiatives that prevent/strengthen seniors' mental health research	75.0%	73.9%
To network with others in the field	79.2%	78.3%
To identify initiatives that will enhance seniors' mental health research	66.7%	73.9%
To identify principles for setting funding priorities for research in seniors' mental health	50.0%	73.9%
Other	4.2%	17.4%

In the pre survey, one respondent indicated that they also expected to connect knowledge translation strategies to the activities of the CCSMH. In the post-survey, respondents also indicated that identification of the future role and initiatives of the CCSMH was also achieved through the workshop. A couple of individuals indicated that they felt that the participants got off to a good start on the items, however not yet fully realized.

The final question in the web-based survey was open-ended and asked respondents to comment on what, in their opinion, would constitute success prior to the workshop. Many individuals mentioned that the workshop would be successful if the goals (addressed in Table 2 above) were attained. In addition, it was mentioned that in order for these goals to be attained, there needed to be endorsement by participants with an action plan laid out for each goal. Analysis of the responses for this category further indicated that a common theme was *consensus* – general agreement by the group on research priorities, i.e. priority areas for funding, on new initiatives to enhance funding, and on a framework for approaching geriatric research. Respondents also mentioned the importance of communicating to potential funding organizations regarding the priorities identified in the research.

This workshop will be successful if the main messages reach those with influence, including funders.

This workshop will have been successful if it provides guidance for research funding agencies on priority areas for future funding initiatives.

Another common theme related to the collaboration, partnership, and networking aspect and *the need to have delegates work together in the future, especially as advocates for seniors' mental health research.* It was also pointed out that the workshop would be deemed successful if caregivers are respected in all areas of research and recognized as part of the care team.

The same open-ended question was asked of attendees following the workshop, that is, was the workshop a success? why or why not? The majority of respondents indicated that they felt the research workshop was a resounding success.

Yes, I was very happy with the outcome. Excellent sense of cooperation and in spite of obviously different perspectives, there was mutual respect. No overt conflict. I was pleased with the list of enablers especially the formation of a network.

It was very successful in that it not only provided a vehicle for discussion but also produced some tangible goals and strategic planning for the next steps.

Yes, it was successful because there was some momentum for the future...

Absolutely successful!...the two days were extremely well organized and the small group work was quite effective in flushing out issues. I am also very encouraged by the commitment of participants to further the agenda on seniors' mental health by committing time to a variety of initiatives.

Yes, it was successful and a good start. I am pleased to see some initiatives started and new working groups set up.

Other respondents indicated partial success of the research workshop, primarily because they felt the real proof of success would be when actions and planned activities to move forward were actually carried out.

It was partially successful.

The groups stormed, formed and normed quickly, despite the fact that many did not know one another because they came from disciplinary backgrounds not used to working together. Discussions in the sessions and at breaks were very productive. There was much agreement on issues and approaches. The real proof of success will come if and when more seniors' mental health research proposals are developed and submitted, that are both disciplinary and especially, multidisciplinary.

Hard to say whether or not the workshop was successful. Success can only be judged by future developments. If there is no concrete advancement over the next four years, then I will judge the workshop to have been only minimally successful.

Research Workshop Evaluation Forms

A Research Workshop Evaluation Form was placed in the workshop binder of all participants (Appendix II). Thirty-seven completed questionnaires were returned following the time period allotted for completion. The first nine questions were Likert-type rating scales of satisfaction and usefulness of specific elements of the workshop. Following these questions, there were a series of open-ended questions that included asking respondents what they liked best and least about the workshop and to share any other comments or suggestions about the initiative.

As illustrated in Table 3, there was an extremely high rate of satisfaction regarding assessed elements of the workshop. In particular, delegates felt that the workshop was extremely well organized, and were very satisfied with the opportunities for networking and the small group sessions.

**Table 3 -Workshop Evaluation Form
N=37**

Question	Unclear Not useful Not satisfied	Somewhat clear/somewhat useful/somewhat satisfied	Very clear Very useful Very satisfied
Were the workshop aims made clear to you in advance?	5.4%	29.7%	64.9%
How useful did you find the workshop overall?		27.8%	72.2%
How satisfied were you with the opportunities for networking?		19.4%	80.6%
How satisfied were you with the information and handouts provided?		22.9%	77.1%
How satisfied were you with the speakers at the workshop?		19.4%	75.7%
How satisfied were you with the small group sessions?		19.4%	80.6%
How did you find the pace of the workshop	2.8% too slow	97.2% just right	
How did you find the length of the workshop	2.8% too short	88.9% just right	8.3% too long
How satisfied were you with the organization of the workshop?		5.6%	94.4%

Workshop participants had the opportunity to respond to what they liked best and least about the two-day session. Most respondents took the opportunity to write their comments down within the evaluation. This response rate may be due, in part, to the opportunity to complete the form within the scheduled workshop event. Thematic analysis of the textual comments in terms of what was liked best indicated that the most pervasive themes were the networking opportunities and the fact that the nature of the work was very practical and concrete.

NETWORKING

- sense of cooperation
- vast array of stakeholders
- blend of different perspectives – researchers, administrators, policy and decision-makers
- meeting people
- great discussion in breakout seminars
- opportunity to meet and forge relationships

PRACTICAL AND CONCRETE NATURE OF THE WORK

- desire for future action
- specific direction for next steps
- focus on concrete steps
- formulation of goals
- structuring of definitions, plans and proposals

When asked to identify what was liked least, respondents' most frequent comment was regarding the nature of the physical space. There were several complaints of the cool temperature in the rooms that made individuals extremely uncomfortable. There was also mention made of the differences in opinion vis-à-vis what 'mental health' means and the lack of clarity regarding 'seniors' and 'aging'. Suggestions were also put forward to improve future workshops. They included the need recording the small group discussions to ensure that the nuances of the discussions are captured, and informing participants of links to background documents to prepare for the meeting.

Respondents made use of the opportunity to comment generally on the workshop and their comments were largely favourable.

Outstanding work on the behalf of staff. It demonstrates strong leadership and support for this initiative. Thanks for the opportunity.

I am sure there will be increased seniors' mental health research production and transfer resulting from the workshop as well as collaboration among seniors' mental health researchers.

Thanks for the wonderful gathering!

Great momentum and positive energy at the end...very well organized...good facilitator and good skills among participants. Thanks

A big thank you and congratulations for the success of the workshop.

In depth Qualitative Interviews

Semi-structured telephone interviews are currently being conducted with workshop participants to allow them the opportunity to speak candidly about the work that they do in the area of seniors' mental health and their perspectives on the research workshop and the work that has continued on since then. Interviewees were asked to talk a little bit about the work that they are currently involved in. They

were then asked to reflect upon their participation in the workshop after several weeks. Their narratives differed from the type of data attained through the previous survey and questionnaire in that they addressed the broader issues and challenges associated with getting seniors' mental health research 'on the map'. Results reported in this interim report are based only on those interviews completed to date. Several remain to be completed.

All participants interviewed commented on the fact that the two-day workshop was a worthwhile use of their time. They felt that it was a valuable exercise in that an opportunity for networking was enhanced and the themes for seniors' mental health research and enabling initiatives to pursue were identified.

Interviewees also commented on the range of stakeholder expertise present in the workshop and the resulting diversity, although there were some suggestions regarding enhancing even further representation from other key stakeholders.

A lot of the participants were dementia researchers and there could be a broadening out of a variety of other mental health researchers. What about depression? Anxiety? Psychosis?

In the interviews to date, a common theme has been the opportunity for advocacy work as a result of bringing a group of diverse stakeholders together under the rubric of a common interest and/or goal.

I think that a diverse range of stakeholders came together and can now deliver a powerful message to representatives from the funding bodies.

The doors are open. Now, it's a matter of someone going and doing the sales job.

There was clearly an ongoing struggle that researchers, in particular, felt in their work to make the issue of seniors' mental health much more visible than it currently is. The following respondent clearly felt that the research workshop was that 'something' that had the potential to move the field along.

Seniors' mental health is such an important area for research but is seriously understudied. I want to be part of something that will move the field and make the needs more visible.

Another theme that has been pervasive in interviews thus far has been the commitment of stakeholders to invest their time in the follow up activities necessary to further the goals of the research workshop.

I am quite happy to be involved.

OUTCOME OF THE RESEARCH WORKSHOP

The research workshop was attended by a wide range of individuals (researchers, caregivers, policy-makers and administrators) from a variety of disciplines (including psychology, sociology, medicine, psychiatry, epidemiology) that came together because of their interest in seniors' mental health. Delegates also represented different regions in Canada (east, west, rural urban).

In small group sessions, participants worked collaboratively to identify major themes in seniors' mental health research and the group as a whole discussed and achieved consensus on the identified priority

themes to be addressed. Five central thematic areas were identified: determinants, health services and policy, mental disorders and addictions, healthy and successful aging, and specific populations.

An action planning template was created and outlines the format used to summarize the outcomes of the *Enabling Initiatives* activity conducted on Day 2 of the CCSMH Workshop. Six enabling initiatives were identified and discussed at the research workshop. The strategy is that for each key enabling initiative, there is a detailed implementation plan created that will focus on a set period of time (three to four months) – in enough detail that will help move the initiative forward on the key result and build momentum. For each of the six initiatives, there are key action steps, an identified lead player, additional involved individuals, deadline dates for the key action steps, resources and support required, barriers to attend to and current status.

As indicated in the document *CCSMH Research Workshop: Summary Notes* (September 30, 2004), the research workshop participants accomplished the following:

- The CCSMH pre-workshop environmental scan titled *Pre-Workshop Survey Response Summary: Trends & Priorities in Seniors' Mental Health Research* was reviewed by all participants and outstanding gaps and information was determined.
- Consensus was reached on major research themes pertinent for seniors' mental health
- There was agreement on principles that could be used for setting funding priorities in the area of seniors' mental health research
- Participants identified key barriers in Canada that prevent the enhancement and advancement of seniors' mental health research
- Participants identified key opportunities and enablers to creating an enhanced seniors' mental health research environment in Canada
- Action planning which included identification of leads, resources required, next steps and stakeholder involvement were produced for each identified key enabler
- Unanimous agreement was reached to create the *Seniors' Mental Health Research Network* under the auspices of the CCSMH. Dr. David Hogan was nominated as chair of the new network and a subcommittee made up of Research Workshop participants will be formed to formalize the purpose, goals, objectives, budget etc for the new network.

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