



# **The Canadian Coalition for Seniors' Mental Health (CCSMH)**

## **SUMMARY ACTIVITY REPORT**

**January – December  
2008**

**Prepared by the Canadian Coalition for  
Seniors' Mental Health**

## CANADIAN COALITION FOR SENIORS' MENTAL HEALTH (CCSMH) BACKGROUND INFORMATION

**Mission:** To promote the mental health of seniors' by connecting people, ideas and resources.

**Value Statement:** *Mental illness is not a normal consequence of aging. All seniors have the right and deserve to receive services and care that promotes their mental health and responds to their mental illness needs. CCSMH initiatives are based on this belief and also recognize that seniors...*

- ❖ *Range in age (65 – 100+)*
- ❖ *Live in a variety of community and institutional settings*
- ❖ *Reside in all Canadian provinces, territories and within both urban and rural settings*
- ❖ *Are diverse in terms of their culture, religion, ethnicity, socioeconomic status, ability and sexual orientation*
- ❖ *May experience lifelong mental illness or acquired mental illness after age 65*
- ❖ *Require care to both prevent and respond to their mental health and wellness needs*
- ❖ *May respond to both medical and/or psychosocial models for prevention and care*
- ❖ *Mental health issues may include a wide array of illness including mood, anxiety, addictions and psychotic disorders, in addition to the emotional, behavioural and cognitive complications of a variety of brain diseases such as Alzheimer's Disease and Parkinson's Disease*

**CCSMH Working Principles:** Our actions and decisions are guided by:

- ❖ Collaboration / Multidisciplinary Inclusiveness
- ❖ Effectiveness
- ❖ Transparency / Accountability
- ❖ Integrity

**Strategic Priority Areas:**

- ❖ Public Awareness & Education
- ❖ Research
- ❖ Promoting Best/Promising Practices in Assessment, Management and Treatment
- ❖ Advocacy
- ❖ Caregiving

Strategic Goals	Strategic Objectives
<b>1. To ensure that seniors' mental health is recognized as a key Canadian health and wellness issue</b>	1.1 To represent and advocate for seniors' mental health issues at a national level
	1.2 To facilitate initiatives that create a strong seniors' mental health research agenda
	1.3 To develop, facilitate and disseminate public and professional awareness of seniors' mental health issues
<b>2. To facilitate initiatives related to enhancing &amp; promoting seniors' mental health resources</b>	2.1 To provide opportunities for exchange and transfer of knowledge
	2.2 To co-ordinate working groups for the creation of usable educational tools and resources
<b>3. To ensure growth and sustainability of the CCSMH</b>	3.1 To increase membership and collaborative partnerships at national, provincial, territorial and local levels
	3.2 To achieve operational and project funding
	3.3 To work with and support seniors' mental health leaders and champions across the country

## SUMMARY OF STRATEGIC INITIATIVES

*Since its inception in 2002, the CCSMH has not only grown substantially in number but also has accomplished strategic initiatives and project activities in the following areas:*

### Strategic Initiative: National Guidelines Project

#### **Project History, Dissemination and Implementation**

In January 2005, the CCSMH was awarded funding by Public Health Agency of Canada, Population Health Fund, to lead and facilitate the development of evidence-based recommendations for best-practice National Guidelines in four key areas of seniors' mental health. These include:

- The Assessment and Treatment of Delirium
- The Assessment and Treatment of Depression
- The Assessment of Suicide Risk and Prevention of Suicide
- The Assessment and Treatment of Mental Health Issues in Long Term Care Homes (Focus on Mood and Behaviour Symptoms)

The guidelines were completed in May 2006. Over the past year and a half since the guidelines were completed, the CCSMH turned its attention to the task of disseminating the documents. In order to maximize the benefits of the *National Guidelines*, the following groups were considered key targets:

- CCSMH members & Steering Committee
- Policy makers and government
- Universities, colleges, and training programs
- Administrators and planners at health care organizations/service providers
- Physicians and health care practitioners
- Professional bodies and communities
- Caregivers, families, general public

Dissemination of the *National Guidelines* began in May 2006 and has continued throughout 2008.

#### **Methods of Dissemination**

National distribution has taken place over a number of communications formats and methods, including electronic and printed distribution. Guidelines are available for stakeholders using three different venues. Identified groups and individuals received hard copies of the guidelines (detailed description below). As well, guidelines have been available for all interested parties through the CCSMH ([www.ccsmh.ca](http://www.ccsmh.ca)) website, allowing individuals and/or groups to download the documents and print with no copyright restrictions. Due to the increased demand for hard copies, the CCSMH listed the guidelines on [www.lulu.com](http://www.lulu.com), an online publishing company. Guidelines are available for purchase through this website or through the CCSMH printers. Please see below for a detailed breakdown of numbers:

#### **Hard Copies**

Since their release in 2006, over 15, 000 hard copies were disseminated to various stakeholders. As well, a special supplement on the guidelines was published in December 2006 in the Canadian Journal of Geriatrics and was mailed to 10,000 Canadian family physicians. Since the release of the Journal, over 7000 hard copies of the supplement were disseminated. The document is available in hard copy and electronically available through the CCSMH website.

### **Electronic Copies:**

Since the launch of the guidelines, there have been over 14,500 downloads from the CCSMH website. Furthermore, there have been over 45 international countries that have accessed the electronic guidelines.

In 2008 the French versions of the Guidelines were completed and made available through the CCSMH website.

### **Knowledge Exchange and Engagement**

Since the release of the *National Guidelines* there have been several publications and presentations on the guidelines, both to raise awareness and to promote the use of the guidelines in a variety of settings. Below is a sample of dissemination activities that occurred in 2008.

- The 2008 International Nursing Conference: Healthy People for a Healthy World, Bangkok, Thailand
- Annual NICE Knowledge Exchange, Toronto, Ontario
- Canadian Coalition for Seniors' Mental Health & CAGP Annual Scientific Meeting, Vancouver, British Columbia
- International Federation on Aging, Montreal, Quebec
- International Congress on Palliative Care, Montreal, Quebec
- Baycrest Psychiatric Educational Rounds, Toronto, Ontario
- Seniors Health Research Transfer Network, Online Ontario-wide presentation

### **Response and Support**

To date, the CCSMH has received overwhelming support for the dissemination of the Guidelines. In addition, multiple groups and organizations at the national, provincial, and local level have indicated their support and interest in the transfer of the Guideline knowledge and integration of recommendations into practice. Furthermore, several organizations provided the CCSMH with formal endorsements and support letters. Cataloguing of support continues and more detail is available through the CCSMH.

### **National Guideline Project: Dissemination and Implementation Phase**

In, September 2007 the CCSMH received additional funding from the Public Health Agency of Canada, Population Health Fund to move forward with the "CCSMH Guideline Project: Dissemination and Implementation Phase". Funding for this project expires March 2009.

### **Project Goal and Objectives**

The overall project goal is to further enhance dissemination and to define a set of activities designed to implement and evaluate the CCSMH National Guidelines. Objectives of the project include:

1. To maintain and enhance awareness and accessibility of the guidelines
2. To support the transfer of knowledge and uptake of guideline recommendations through the facilitation of the projects focused on guideline implementation
3. To monitor and evaluate the implementation and use of the guidelines across disciplines, provinces and stakeholder groups

- To share the ‘lessons learned’ from the pilot projects and create a guideline implementation knowledge transfer toolkit.

#### CCSMH Pilot Sites

Given that there are multiple ways to implement the guidelines across all sites and teams given the variations that exist across Canada, the CCSMH engaged in seven separate pilot projects which will provide new knowledge on implementation of the guidelines. These include:

*Pilot 1:* Dr. Sid Feldman, working with a multidisciplinary team at Baycrest Geriatric Health Care System, has proposed implementation of long term care home recommendations in two separate units within the nursing home.

Project title:	Implementation of the Long Term Care Home Guideline at Baycrest
Guideline Focus:	The Assessment and Treatment of Mental Health Issues in Long Term Care Homes (Focus on Mood and Behaviour Symptoms)
Discipline:	Multiple disciplines including: family medicine, nursing, social work, occupational therapy, psychiatry, personal support workers, education department
Region:	Ontario

*Pilot 2:* Dr. Ken Le Clair, Ms. Kathy Baker and Ms. Salinda Horgan, working with the Ontario Task Force, have proposed implementation of the long term care recommendations through the Psychogeriatric Resource Consultants and their individual regional networks.

Project title:	Ontario National Best Practice Guidelines Knowledge, Awareness, and Utilization Projects for Long-Term Care Homes
Guideline Focus:	The Assessment and Treatment of Mental Health Issues in Long Term Care Homes (Focus on Mood and Behaviour Symptoms)
Discipline:	Nursing, Social Work, Personal Support Workers, Physicians, Psychiatrists
Region:	Ontario

*Pilot 3:* Dr. Marnin Heisel, Dr. Sharon Moore, and Dr. Martha Donnelly, working with the London Health Sciences Centre (LHSC) Geriatric Mental Health Outreach Service, the Centre for Suicide Prevention and the Canadian Association for Suicide Prevention, have proposed to implement recommendations from the Suicide Guideline through the use of an interactive toolkit, based on the program developed by the Centre for Suicide Prevention. Additional support has been established for this initiative with partners in Quebec.

Project title:	Detection and Assessment of Suicide Risk, and Prevention and Intervention of Suicide: An Ontario, British Columbia, Alberta Partnership to Implementation
Guideline Focus:	Assessment of Suicide Risk and Prevention of Suicide
Discipline:	Multidisciplinary geriatric mental health outreach team including: Psychiatry, Nursing, Social Work
Region:	Ontario, Alberta, British Columbia, Quebec

*Pilot 4:* Dr. Pierre Allard, Dr. Susan Brajtman, and Dr. Pierre Gagnon, (members of New Emerging Teams (NETs) in Palliative Care: Optimizing End-of-Life Care for Seniors; Developing, Evaluating, and Implementing New Interventions in Palliative Care) have proposed a collaboration

with the CCSMH to implement the Delirium guideline recommendations specific to the field of palliative care.

Project title:	Adapting The Canadian Coalition for Seniors' Mental Health <i>National Guidelines on the Assessment and Treatment of Delirium in Seniors for Implementation and Evaluation Research in Palliative Care Settings</i>
Guideline Focus:	Assessment and Treatment of Delirium
Discipline:	Research and a multidisciplinary team
Region:	Quebec, Ontario

*Pilot 5:* Working through their new and progressive Nova Scotia Seniors' Mental Health Network, Dr. Keri-Leigh Cassidy, Mr. Tony Prime and Ms. Beth Floyd have proposed the integration of the CCSMH guideline recommendations into their current practices. The group will aim to use the existing structure of their education modules and integrate the guideline recommendations into models to be introduced to the network. The new integrated educational resources will then be piloted throughout the network and evaluated.

Project title:	The Implementation of National Guidelines Through the Creation of Educational Tools in Nova Scotia
Guideline Focus:	Assessment and Treatment of Depression Assessment and Treatment of Mental Health Issues in Long Term Care Homes Assessment and Treatment of Delirium Assessment of Suicide Risk and Prevention of Suicide
Discipline:	Nova Scotia Seniors' Mental Health Network, Multidisciplinary
Region:	Nova Scotia

*Pilot 6:* Dr. Diane Buchanan, working with members of the National Initiative for the Care of the Elderly (NICE) mental health work group, has proposed implementation of the depression recommendations through the use of a new toolkit and curriculum.

Project title:	National Initiative on the Care for the Elderly: Creation of a toolkit based on the Depression Guideline
Guideline Focus:	Assessment and Treatment of Depression
Discipline:	Family Medicine
Region:	National

*Pilot 7:* Dr. Martha Donnelly, working with members of the Canadian Academy of Geriatric Psychiatry (CAGP) and the CCSMH, using survey tools has proposed to survey the results of the dissemination of the guidelines to the CAGP members to evaluate their impact on practice.

Project title:	A Survey of the Canadian Academy of Geriatric Psychiatry: Dissemination and Transfer of Guideline Recommendations into Practice
Guideline Focus:	Assessment and Treatment of Depression Assessment and Treatment of Delirium Assessment and Treatment of Mental Health Issues in Long Term Care Homes (Focus on Mood and Behaviour Symptoms) Assessment of Suicide Risk and Prevention of Suicide
Discipline:	Geriatric Psychiatry
Region:	National

By the end of 2008 each pilot was at various stages in nearing the end of their project plan and focusing on sustainability and distilling 'lessons learned' for the implementation 'toolkits.'

Key accomplishments and activities include:

**Pilot 1 (Baycrest): Key accomplishments and progress**

- Hiring of a full time project coordinator with funds from Health Force Ontario.
- Data collection on three units of Baycrest nursing homes.
- Participatory Action 'dot voting' for implementation of recommendations.
- Awarded the Baycrest 'Presidents Award for Innovation.'
- Clinical Implementation team formed to guide implementation.
- Presentations at:
  - CCSMH / CAGP Conference
  - KLARU conference
  - Baycrest Interdisciplinary Rounds
  - CCSMH / RNO Guideline Implementation Workshop
- Hosted a workshop for over 85 staff (including allied health, nursing, housekeeping etc.) on guideline implementation.
- Implementation tools and strategies available for staff including case-based notes, 'cheat-sheets,' etc.

**Pilot 2 (Ontario Task Force): Key accomplishments and progress**

- Virtual Café hosted in January to introduce project to PRCs.
- Commitment from over 15 PRCs to participate in pilot project.
- Regional workshops in Kitchener and Kingston to work on implementation strategies.
- Awareness stage completed and included distribution of guidelines across regions, meetings with long term care home administrators and presentations at network meetings.
- Presentation at CCSMH / CAGP Conference in collaboration with Baycrest project team.
- Implementation tools created including guideline information packages, power point presentations and quick reference cards.
- Joint workshop with Registered Nurses Association of Ontario for PRCs and 'champion' staff members from pilot homes on organizational readiness and culture change.
- Implementation in progress in pilot homes.

**Pilot 3 (Suicide prevention): Key accomplishments and progress**

- Planning workshop hosted in Vancouver and British Columbia.
- Creation of suicide risk pocket card.
- Over 10,000 copies of pocket card distributed.
- Translation of pocket card finalized and printed in French.
- Creation of an interactive suicide risk and prevention training DVD.
- Creation of a facilitators guide and training materials for use of pocket card and DVD.
- Project team awarded the CIHR Award in Knowledge Translation in Aging.
- Project team received a donation from the Royal Bank Foundation for production of kits.
- Presentation and debut of video at CCSMH / CAGP conference.
- Multiple presentations at conference, workshops, symposia.
- Permission granted for toolkit use in Sheridan College Social Service Work Gerontology Program curriculum.

Pilot 4 (Delirium and End –of – life Care): Key accomplishments and Progress

- Workshop in Ottawa, ON in January 2008 with over 35 attendees from across the country.
- Revisions of recommendations of pharmacological, non-pharmacological, and assessment and detection.
- Extensive literature search conducted on palliative care and delirium in older adults.
- Completion of sections on education, prevention and legal and ethical issues.
- Hiring of research association to assist with the final creation of revised recommendations.
- Presentation at CCSMH / CAGP conference in Vancouver, BC.
- Presentation at 17<sup>th</sup> International Congress on Palliative Care in Montreal, QC.

Pilot 5 (Nova Scotia Seniors' Mental Health Network): Key accomplishments and progress

- Presentation modules created on Depression, Delirium and Suicide
- Presentation delivered to Nova Scotia Seniors' Mental Health Network
- Using a 'train the trainer' format presentations were delivered across all 9 regions in Nova Scotia to over 288 individuals
- Evaluation forms collected for over 80% of participants
- Results and process currently in draft for publication
- Presentation at CCSMH / CAGP Conference, Vancouver, British Columbia

Pilot 6 (NICE network): Key accomplishments and progress

- Publication of Depression Assessment and Treatment Pocket Card
- Publication of Depression Risk Laminate
- Dissemination at 'lunch and learn' sessions with Ontario Family Health Teams
- Dissemination throughout the province of Nova Scotia, using the NS Seniors' Mental Health Network
- Presentation in International Nursing Conference, Bangkok, Thailand
- Presentation at CCSMH / CAGP Conference, Vancouver, British Columbia
- Presentation at NICE AGM, Toronto, ON
- Translation of pocket card underway
- Evaluation data collected and analyzed from Nova Scotia participants
- Multiple reprints required to meet demand.
- Tools available at CCSMH and NICE websites

Pilot 7 (CAGP survey): Key accomplishments and progress

- Survey disseminated via CAGP mailing list and newsletters.
- Survey conducted using Survey Monkey
- 45% response rate
- Guideline use and implementation rate ranked highly
- Poster presentation at CCSMH / CAGP Conference, Vancouver, British Columbia

Throughout the duration of the project, Dr. Boydell and her research associates have been conducting an evaluation of the process and assisting with the creation of the implementation toolkit.



## **Strategic Initiative: CCSMH 3<sup>rd</sup> National Conference: The Future of Geriatric Mental Health**

The CCSMH was approached by the Canadian Academy of Geriatric Psychiatry (CAGP) to co-host their Annual Meeting with them to combine their one day meeting with a one day update from the CCSMH. On September 3<sup>rd</sup> & 4<sup>th</sup> 2008 the CCSMH and the CAGP hosted their conference ‘The Future of Geriatric Mental Health in Canada.’ Over 200 participants were present for this first-ever collaboration between the CCSMH and CAGP.

The CCSMH was responsible for the agenda on September 3<sup>rd</sup> and the day offered participants the opportunity to hear from exceptional keynote speakers, Dr. Marie-France Rivard and Dr. Gillian Mulvale and also provided attendees with the choice to attend two workshops focused on the pilot projects for the Guideliens.

### ***Welcome and Opening Remarks: Dr. Kenneth Le Clair and Dr. David Conn***

Dr. Kenneth Le Clair and Dr. David Conn, Co-Chairs of the CCSMH, provided opening remarks and welcomed all participants. Conference attendees were given an overview of the CCSMH ‘news and views’ and had the opportunity to view the results of the CAGP Guideline Use Survey.

### ***Keynote: Dr. Marie-France Rivard – “The Future of Geriatric Mental Health in Canada”***

Dr. Rivard provided an excellent overview of the current status of geriatric mental health in Canada and shared the historical context. Dr. Rivard, as Chair of the Seniors Advisory Committee was also able to provide insight on where the MHCC will be focusing their efforts for seniors in terms of strategies for service, anti-stigma and knowledge exchange.

### ***Keynote: Dr. Gillian Mulvale – “The National Mental Health Strategy: What’s Needed for Seniors?”***

Conference participants were privileged to have Dr. Mulvalve from the Mental Health Commission of Canada present on the early stages of the new Mental Health Strategy for Canada. This highly interactive presentation offered participants the opportunity to share their thoughts, concerns and suggestions in regards to what is needed for seniors.

Presentation handouts are available for download from the CCSMH website [www.ccsmh.ca](http://www.ccsmh.ca).

For the remainder of the day, participants attended two of five workshops:

- Online Guides For The Assessment & Management Of Delirium & Adapting National Guidelines on the Assessment and Treatment of Delirium in Seniors for Implementation and Research in Palliative Care Settings
- Implementing Mental Health Guidelines in Long Term Care Homes: Two Innovative Approaches - The Baycrest Project and the Ontario Task Force
- Depression, Delirium And Suicide: Innovative Knowledge Exchange Projects Across The Continuum Of Care
- New Training Tools For Suicide Assessment & Prevention In Seniors
- Interactive Training Session On Depression Assessment In Seniors

The day ended with a dessert reception and entertainment provided by the barbershop group, “The Gentlemen of Fortune.”

#### ***Highlights from the Conference***

- Partnership with the Canadian Academy of Geriatric Psychiatry.
- Over two hundred participants from across Canada.
- New CCSMH members and participants due to the Western Canada location.
- Representation from the Mental Health Commission of Canada and the opportunity to influence Canada’s Mental Health Strategy.
- Foundation for the creation of a national awareness campaign on seniors’ mental health.
- Tremendous feedback and sharing of practical knowledge on the implementation of the CCSMH Guidelines.
- First screening of the CCSMH Suicide Prevention DVD.
- Entertainment from the barbershop group “Gentlemen of Fortune”, most of whom are seniors!

### **Strategic Initiative: Promoting Seniors’ Mental Health and Cancer Care**

The CCSMH was approached by the British Columbia Psychogeriatric Association (BCPGA) in the spring of 2007 to assist in the facilitation of a new project entitled Promoting Seniors’ Mental Health and Cancer Care. The CCSMH and BCPA formalized a contractual partnership and are actively engaged in moving the project forward.

**Project Goal:** To develop the capacity of the health care system to support the mental health needs of older Canadians with cancer.

#### **Project Objectives:**

1. To bring together the seniors’ mental health and cancer communities to form an expert working group in order to identify the mental health needs of older adults with cancer from diagnosis through palliation, and barriers to meeting these needs.
2. To identify how existing cancer programs and policies within Canada support the mental health needs of seniors, using the Seniors Mental Health Policy Lens (SMHPL) as a framework for analysis and assessment.
3. To build on the work of the CCSMH Seniors’ Mental Health National Guidelines to create a set of Guidelines focused on system/organization features and psychosocial/environmental factors/interventions that support the mental health of seniors with cancer.
4. To disseminate the Guidelines nationally to identified stakeholders in order to increase their awareness of the mental health needs of seniors with cancer and to promote attention to seniors’ mental health throughout the course of the cancer.

In April 2008 the Guide was completed and 5000 copies were disseminated across the country to cancer centres, support groups, palliative care/ hospice and to education institutions. The guide is also available online at the CCSMH and BCPGA websites and is available in both English and French.

Presentations for the ‘Promotion Seniors’ Mental Health in Cancer Care’ were given at:

- International Psychogeriatric Association, Dublin, April 2008
- Canadian Association of Psychosocial Oncology, Halifax, May 2008
- British Columbia Psychogeriatric Association Conference, May 2008

## **Strategic Initiative: National Seniors’ Mental Health Research and Knowledge Exchange Network**

### **About the Network**

The premise of a Canadian Seniors’ Mental Health research and knowledge exchange network was born out of a Research Workshop sponsored by the Canadian Coalition for Seniors’ Mental Health (CCSMH) in September 2004. Among the 47 key stakeholders who gathered together to discuss the state of seniors’ mental health research in Canada there was unanimous agreement to create an online Seniors’ Mental Health research and knowledge exchange network. The goal of the research and knowledge exchange network is to *connect people, ideas, and resources in the interest of research on seniors’ mental health.*

### **Research and Knowledge Exchange Network Objectives**

- To provide public access to a database of seniors’ mental health researchers and research information.
- To provide opportunities for interactive exchange of information and ideas pertaining to seniors’ mental health.
- To create linkages to key research stakeholder groups in order to build capacity for seniors’ mental health research in Canada.

Since its launch in May 2006, 115 researchers have signed on as members of the CCSMH Seniors’ Mental Health Research and Knowledge Exchange Network and have created their research profiles. The site currently contains the following pages and features:

- researcher database
- abstracts database
- members’ forum
- funding information
- links/research institutions
- feedback / contact us
- about the CCSMH

<http://researchnetwork.ccsmh.ca>

### **Next Steps**

The CCSMH will continue to promote and increase the use of the CCSMH Research and Knowledge Exchange Network on an ongoing basis. All ongoing work and initiatives will incorporate the network to help increase web traffic. As well, strategic partnerships will be enhanced to offer linkages and connections with other networks (i.e. Mental Health Commission of Canada).

## **Strategic Initiative: National and Provincial Advisory Committee Membership**

In 2008, the CCSMH continued collaborations with multiple organizations in order to ensure seniors' mental health representation within specific projects and to partner with relevant provincial and national strategic projects. These include:

### **Canadian Alliance for Mental Illness and Mental Health (CAMIMH)**

The CCSMH continues to be a key member of the CAMIMH group. CAMIMH's mission is to *facilitate and promote the establishment and implementation of a "Canadian action plan on mental illness and for mental health" that reflects a shared national vision for meeting the needs of persons with mental illnesses and enhancing the potential for the positive mental health of Canadians.* Through its membership with CAMIMH, the CCSMH is actively involved in the following projects and activities, representing seniors' mental health in Canada. These include:

- CAMIMH Partners Annual Meeting
- Stigma Workshop
- Mental Health Literacy Project
- Mental Illness Awareness Week (MIAW)

### **Geriatric Education Recruitment Initiative (GERI)**

Led by Dr. Chris Frank of the Canadian Geriatrics Society, the GERI committee is working to improve the education and recruitment of health professionals trained to work with older adults.

### **Best Practice in Seniors' Mental Health Program and Policy Design Project:**

The Population Health Fund, Public Health Agency of Canada has awarded funds to carry out a three year project September 2005 - October 2008 Best Practice in Seniors' Mental Health Program and Policy Design, sponsored by the British Columbia Psychogeriatric Association. The Seniors Psychosocial Interest Group (SPIG) will be responsible for national dissemination and the sustainability of the project. Dr. Penny MacCourt is the principle investigator. The CCSMH Executive Director continues to sit on the Project Committee and attends all quarterly meetings (teleconference).

### **Post Falls Support: Enabling Seniors CAOT Project:**

The Canadian Association of Occupational Therapists (CAOT) and the University of Ottawa, Occupational Therapy Program, have received funding from the Population Health Fund, Public Health Agency of Canada for the project: *Post-Fall Support: Enabling Seniors*. This project is developing a Post-Fall Support Model and component strategies for seniors who have experienced a fall to enable them to maintain or resume engagement in meaningful activities in the context of home and community. Research has demonstrated that an individual's health and well-being is influenced by his/her ability to engage in life's occupations. Withdrawal or changes in occupation can lead to increased dependency, lack of confidence and depression. Seniors who have experienced a fall are at risk for subsequent falls and a decrease in engagement in activities of daily life or occupations. The *Post-Fall Support* project will address fear of falling, and personal, environmental, and activity-related risk factors for subsequent falls, and strategies to safely resume daily occupations. The CCSMH Executive Director sits on this committee and participates in all teleconference meetings and activities.

**Older Persons Mental Health and Addictions Network (OPMHAN):**

The Older Persons' Mental Health and Addictions Network was initiated in 2002 under the sponsorship of the Ontario Gerontology Association. The Network actively seeks out and invites the participation of service providers, consumers and consumer groups, family caregivers, ethno-cultural groups, educational facilities, research organizations, governments, and associations with an interest or a stake in the mental health and addiction needs of seniors. To date, the Network includes representation from 50+ regional and provincial organizations, consumers and family advocacy groups. The Older Persons' Mental Health and Addictions Network of Ontario promotes and actively participates in the development of regional and province-wide older adults' mental health and addictions strategies which identify and address areas of need including prevention and health promotion, across all chronic mental illness and addiction concerns, and through later-life related disorders. The CCSMH is actively involved in partnering with OPMHAN and sits as an advisory member. The Executive Director attends steering committee meetings and sits on numerous committees, including the sustainability committee. In September 2008 OPMHAN shut down due to a lack of funding.

**Reach Up Reach Out: Best Practices in Mental Health Promotion for Culturally Diverse Seniors (VON Canada Eastern Region):**

The goal of the project is to *develop guidelines for best practices in mental health promotion for culturally diverse seniors*. The main project deliverables include an easy-to-use tool for community-based organizations and agencies to use in developing culturally inclusive mental health programs for older adults. Additional deliverables include a literature review, an inventory of mental health promotion programs and strategies from across Canada, and a final report outlining the process undertaken in the development of the guidelines as well as the outcome. The CCSMH Executive Director sits on this project steering committee and attends quarterly teleconferences.

**Canadian Population Health Initiative (CPHI) – Mentally Healthy Communities Project**

The CPHI commissioned several individuals/organizations to develop original, conceptual pieces on “what makes a community mentally healthy”. The CCSMH submitted a paper to the project was published in April 2008.

**National Initiative for the Care of the Elderly (NICE)** – This network brings together the three important professions who provide social, psychological and physical care to older persons in Canada. The Network will invite university educators from gerontological nursing, geriatric medicine, and gerontological social work to join in a national partnership with their community counterparts who currently provide the educational component of practice for these programs. The overarching goal will be the dissemination of research and best practices for the care of older adults. Specifically, the NICE network will share research about evidence-based practice within an interdisciplinary team across the university to community continuum. Since 2006, the CCSMH has been a member of the mental health working group and actively participates in the creation of a toolkit for family physicians based on the recommendations from the CCSMH National Guideline: The Assessment and Treatment of Depression. The CCSMH has formally collaborated with the mental health team and has been a co-applicant for sustainability funding.

**Canadian Research Network for Care in the Community (CRNCC)** - CRNCC is a dynamic partnership between researchers and other key stakeholders including community service

providers, consumers and policy makers. CRNCC encourages research and knowledge transfer in home and community care, a crucial, yet under-active research area in Canada. CRNCC operates through membership participation in a virtual network. Currently, the CCSMH sits on the CRNCC Steering Committee and attends quarterly face to face meetings.

**Research to Action Program in Dementia (RAPID) / The Canadian Dementia Knowledge Translation Network (CDKTN)** – The CCSMH is currently a participant in a workgroup (chaired by K. Rockwood) which has applied for a CIHR grant to create the CDKTN and to develop a specific training program for new health practitioners and researchers, rooting in knowledge translation and aimed at creating a new brand of dementia knowledge translations collaborators.

**In addition, the CCSMH is consulted on an as-needed basis by local, provincial and national groups engaged in strategic initiatives and projects.**

## **SUMMARY OF ADVOCACY ACTIVITIES**

### **The Mental Health Commission of Canada**

In November 2007 the Seniors Advisory Committee for the Mental Health Commission of Canada was established. Several members of the CCSMH Steering Committee actively participate with the MHCC as members of the Advisory Committee with quarterly meetings. As well, the CCSMH attended the following MHCC sponsored events:

- Anti-Stigma Consensus Meeting, September 23<sup>rd</sup> 2008, Toronto, ON
- Mental Illness Awareness Week Presentation and Gala Dinner, October 7<sup>th</sup> 2008 Ottawa, ON
- Mental Health Promotion Think Tank, November 4<sup>th</sup> 2008, Calgary AB

The CCSMH has also worked to establish an ongoing relationship with the MHCC by providing opportunities for interaction including at the CCSMH Annual Steering Committee Meeting and 3<sup>rd</sup> National Conference.

### **The Globe and Mail Special Series on Mental Illness**

In June 2008 the Globe and Mail launched a week-long special series on Canada's Mental Health Crisis. On the first day of the special (Saturday June 21<sup>st</sup> 2008) the CCSMH was pleased to be listed as one of the six 'places to go to find out more' about mental health. As a follow up in, in November 2008 Dr. David Conn hosted a real-time question and answer on the topic of seniors mental health on the Globe and Mail website.

## **Federal Election 2008**

In September and October 2008 the CCSMH worked with members to prepare for the Federal Election, held on October 14<sup>th</sup> 2008. A position paper was written and promoted through the CCSMH newsletter and website.

## **Conference Presentations, Presentations, Advocacy, Other**

The CCSMH remains an active participant in multiple areas of public advocacy. Examples of CCSMH activity includes:

- Featured in Public Health Agency Press Release – January 30<sup>th</sup> 2008
- Small presentation at Leadership Institute for Geriatric Mental Health Outreach, March 2008
- Attendance at Spring 2008 Meeting – Cognitive Impairments in Aging Partnership, March 2008
- Publication in Canadian Nursing Home, Vol 19(1), March 2008
- Participation and presentation at 2<sup>nd</sup> International Workshop on Seniors and Emergency Preparedness, March 2008.
- Attendance at The Taming of the Queue 5 – In Search of Excellent, April 2008
- Submission to Ontario Public Drug Programs re: DIDFA Regulation, May 2008
- Co-hosting and participating at Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) Annual Meeting, May 2008
- Submission to Psychiatric Patient Advocate Office, 25<sup>th</sup> Anniversary Report, June 2008
- Attendance at Older Persons Mental Health and Addictions Network Conference, June 2008
- Submission to the Law Commission of Ontario “Older Adults Pre-Study”, July 2008
- Presentation at Beulah Salt Seniors Conference, June 2008
- Submission to Canada Population Health Initiative; Collection of Papers on Mental Healthy Communities, September 2008

## **SUMMARY OF FUNDING**

The CCSMH continues to operate on grants, contributions and donations. In 2008, the CCSMH received funding from:

- Public Health Agency of Canada
- Canadian Institutes for Health Research
  - Institute of Aging
  - Institute of Neurosciences, Mental Health, and Addictions
- British Columbia Psychogeriatric Association
- Royal Bank Foundation

## SUMMARY OF MEMBERSHIP / STAKEHOLDER RELATIONSHIPS

The CCSMH membership continues to grow on a daily basis. Current membership is approximately 1000 individual members and 100 organizations.

### **Membership Communication**

The CCSMH website remains an important source of information and communication with members. The CCSMH website was launched in 2004. Between January and December 2008, over 326,000 hits were received. The following provides more detail related to the website.

Date	Total Sessions	Total Hits	Avg. Sessions/day	Avg. Hits/day
Total 2008	47,644	326,673	130.17	892.55
Total 2007	49,334	270,528	135.16	741.17
Total 2006	48,020	278,730	131.56	763.64
Total 2005	37,453	173,216	102.61	474.56
Total 2004	10,585	79,023	31.50	235.19

To improve communication with members, a quarterly newsletter was also reinstated in 2008 with editions sent to members via email and through the website. Four issues were published in the months of April, June, September and December.

### **CCSMH Staffing**

Currently the CCSMH has one full time Executive Director and a full time Project Manager.

### **CCSMH Steering Committee**

The Canadian Pensioners Concerned joined the CCSMH in 2008.

Canadian Academy of Geriatric Psychiatry	Dr. David Conn (co-chair)
Canadian Academy of Geriatric Psychiatry	Dr. Ken Le Clair (co-chair)
Alzheimer Society of Canada	Mr. Scott Dudgeon
Canadian Pensioners Concerned	Ms. Winnie Fraser-MacKay
Canadian Association of Social Workers	Ms. Marlene Chatterson
Canadian Caregiver Coalition	Ms. Esther Roberts
Canadian Geriatrics Society	Dr. Chris Frank
Canadian Healthcare Association	Ms. Leslie Arnold / Dr. Kiran Rabheru
Canadian Mental Health Association	Ms. Kathryn Youngblut / Dr. Taylor Alexander
Canadian Nurses Association	Dr. Sharon Moore
Canadian Psychological Association	Dr. Venera Bruto
Canadian Society of Consulting Pharmacists	Ms. Pronica Janikowski
College of Family Physicians of Canada	Dr. Chris Frank
Public Health Agency of Canada – advisory	Ms. Simone Powell
Executive Director	Ms. Kimberley Wilson
Project Manager	Ms. Sherri Helsdingen

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