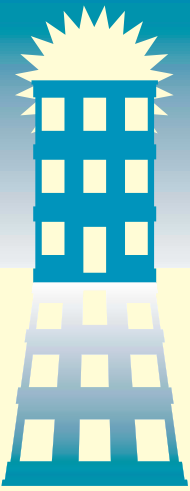


# CANADIAN COALITION FOR SENIORS MENTAL HEALTH

To promote seniors mental health by connecting people, ideas and resources.

## COALITION CANADIENNE POUR LA SANTÉ MENTALE DES PERSONNES ÂGÉES

Promouvoir la santé mentale des personnes âgées en reliant les personnes, les idées et les ressources.



BRING SOLUTIONS  
TO LIGHT

METTRE EN LUMIÈRE  
LES SOLUTIONS

CHAIRÉD BY/  
PRÉSIDIÉ PAR

*The Canadian Academy of  
Geriatric Psychiatry  
Académie canadienne de  
psychiatrie gériatrique*

*STEERING COMMITTEE/  
COMITÉ DE DIRECTION  
Alzheimer Society of Canada  
Société Alzheimer du Canada*

*Canadian Association for  
Community Care  
Association canadienne  
de soins et services  
communautaires*

*CARP-Canada's Association  
for the Fifty-Plus  
CARP-l'association  
canadienne des plus  
de 50 ans*

*Canadian Association of  
Social Workers  
Association canadienne des  
ravailleuses et travailleurs  
sociaux*

*Canadian Caregiver Coalition  
La coalition canadienne des  
aidantes et aidants naturels*

*Canadian Geriatrics Society  
Association de gériatrie  
du Canada*

*Canadian Mental Health  
Association  
Association canadienne pour  
la santé mentale*

*Canadian Nurses Association  
Association des infirmières  
des infirmiers du Canada*

*Canadian Psychological  
Association  
Société canadienne  
de psychologie*

*Canadian Society of  
Consulting Pharmacists  
Association canadienne des  
pharmaciens consultants*

*College of Family  
Physicians of Canada  
Collège des médecins de  
famille du Canada*

*Health Canada - advisory  
Santé Canada - consultatif*

## REPORT FROM THE CHAIRS

By: David Conn and Ken LeClair

**T**he rapid growth of the aging population will place an unprecedented demand on the system's current capacity to address seniors' mental health needs. The need for advocacy and public awareness in seniors' mental health to affect health policy is greater than ever.

Mental illness is not a natural part of aging. Much can be done to prevent deterioration, restore health and maintain or enhance quality of life. Seniors are at a high risk of suffering from mental health problems. Certain groups of seniors have a high prevalence of mental illness e.g. those living in long term care facilities and those suffering from chronic physical conditions. Assessing and treating seniors with mental illness presents unique challenges. Symptoms experienced by older adults can be different than those experienced by younger people, which can make accurate diagnosis and treatment difficult. Effective and timely assessment and treatment can prevent unnecessary disability and premature mortality, reduce caregiver burden and greatly improve quality of life.

Ageism and stigma are serious problems

facing this population group as it can, for many reasons; prevent access to effective treatment.

Coordinated and integrated research efforts that address seniors' mental health in Canada are lacking. Targeted seniors' mental health research can contribute to the creation of new knowledge which in turn can translate into improved health. Current service delivery models do not reflect the complex and ever-changing mental health needs of seniors. The lack of coordination and integration between service modalities further compound the problems of creating effective approaches to assessment, treatment and prevention. Issues related to recruitment and retention of service providers creates further service delivery challenges.

Through the coordinated efforts of CCSMH there will be continued opportunities to facilitate new initiatives that impact positively on Canadian seniors. We would like to thank the membership and all the participants of the workgroups for their on-going efforts to support the activities which positively impact seniors' mental health.

## PROJECT DIRECTORS REPORT

By: Shelly Haber

**I**nterest and awareness in the activities of the CCSMH continue to grow. **Advocacy/Communications:** The new brochure "Connecting People, Ideas and Resources", which describes the activities of the CCSMH and provides fact sheets about seniors' mental health, has just been released. The brochures will be used for education and awareness and can be viewed on the website.

**Education:** One main initiatives of the CCSMH is to support educational opportunities for frontline workers and informal caregivers. The Population Health Fund, Health Canada supported the development of catalogues with educational resources for FRONT LINE STAFF and INFORMAL CAREGIVERS who provide care for seniors in long-term care and other residential settings. The catalogues consist



of relevant educational materials such as books, videos, websites and educational programs, each with clear and concise annotations and a description on how to access the materials. The catalogues can be used in education departments, by program managers, administrators, as a tool for staff to strengthen their skills, and for caregivers to acquire information and support options as they face various challenges. These catalogues are available to view or download for use from the new website. If you are interested in receiving a hard copy of the catalogues, please contact the Project Director.

**Research:** One of the priorities of the CCSMH is to support intersectoral research activity on clinically relevant and pressing practice and policy issues. The CCSMH is developing a proposal to collaborate with the Canadian Institute for Health Research (CIHR) to host a national workshop with researchers from across Canada. Researchers with varied interests and expertise will be invited to participate. A questionnaire has been sent to stakeholders with an active interest in seniors' mental health. The questionnaire will help to define the main issues and gaps in research related to seniors' mental health.

## ***DEPRESSION FOUGHT IN SENIORS***

(From the University of Calgary News)

**A** recent study by Dr. Candace Konnert and Dr. Keith Dobson of the University of Calgary, focused on depression among older nursing home residents has found that depression in older adults can be prevented.

The three-year research project looked at 44 seniors with an average age of 80 who were exhibiting early signs of depression. Half took part in a simple group-based therapy program and half served as a control group. "The study showed that those in the therapy group were significantly less depressed than their counterparts in the control group," Konnert says. "It indicates to us that a potentially cost-effective and healthier alternative than medication is available, even within the limited confines of a nursing home."

Although it has been well established that people with depression respond well to psychosocial interventions like cognitive therapy, until now those interventions have never been tested among our most elderly nursing home residents. "Treatment in the nursing home often involves giving anti-depressant medication, which is important but may have side effects," Konnert says. This

research clearly indicates that psychosocial interventions have value in terms of preventing and treating depression.

Statistics show that as many as 50 per cent of nursing home residents exhibit symptoms of depression. These include sadness, loss of pleasure in activities, lack of appetite, loss of sleep, withdrawal and feelings of fatigue. Many of these symptoms are accompanied by physical illnesses, making depression difficult for care providers to diagnose. If the early symptoms of depression are ignored, they can grow into a full-blown clinical disorder in which people feel extremely sad and may withdraw from interaction with others.

Much of the research to date on depression in seniors has focused on those individuals living in the community. "People of advanced age who reside in nursing homes are a very vulnerable group and a much neglected group in terms of really thinking about their mental health needs," Konnert says.

## ***THE NATIONAL CENTER ON CAREGIVING FAMILY CAREGIVER ALLIANCE***

**T**hree new policy briefs by the National Center on Caregiving have just been released.

The "**Road to Recognition: International Review of Public Policies to Support Family and Informal Caregiving**", discusses key policy issues in family caregiver support in six countries. A detailed table compares policies in the United States, Australia, Canada, Germany, Japan and the United Kingdom.

"**Caregiver Depression: A Growing Mental Health Concern**" addresses the economic and health consequences of depression among family caregivers,

discusses barriers to treatment and promising practices to alleviating symptoms, and suggests policies to support family caregivers.

"**Paid Family and Medical Leave: Why We Need It, How We Can Get It**" describes how paid family and medical leave affects working caregivers and their employers, reviews the status of paid family leave legislation throughout the U.S., and makes recommendations for policies benefiting both working families and employers.

Download copies of these policies from <http://www.caregiver.org>.

# CONSENSUS STATEMENT ON IMPROVING THE QUALITY OF MENTAL HEALTH CARE IN U.S. NURSING HOMES

An expert interdisciplinary panel led by the American Geriatrics Society (AGS) and the American Association for Geriatric Psychiatry (AAGP), including representatives from numerous stakeholder organizations, has issued a new consensus statement calling for significant revisions to the standards of care for nursing home residents with depression and behavioral symptoms associated with dementia. The AGS and AAGP have also issued health policy recommendations that address implementation of the expert panel's clinical recommendations.

Among its recommendations, the panel calls for routine and regular screening for depression in every

nursing home resident. They also call for improved screening instruments and first-line treatment of major depression with antidepressant medications in combination with nonpharmacologic interventions. The consensus statement also outlines numerous approaches for nursing home administrators and staff to improve the environment for residents, thus enhancing their independence, sense of well-being, and quality of life.

The consensus statement, the policy recommendations, and a literature review has been printed in the September issue of the Journal of the American Geriatrics Society.

## MEMBERS PROFILE - THE CANADIAN ASSOCIATION FOR COMMUNITY CARE

The Canadian Association for Community Care (CACC) is a national, non-profit, bilingual association, formed in 1995 by the merger of HomeSupport Canada and the Canadian Long Term Care Association. CACC's guiding principle is a commitment to a strong national voice for the community care sector including home-based care, facility-based long term care and community support programs, such as meal services. CACC's mission is to promote the development of a range of high-quality, flexible, responsive and accessible community care services within a seamless continuum of care.

CACC's broad membership base includes home care and home support agencies, long term care facilities, meals programs, community groups, Community Care Access Centres, regional planning bodies, provincial and national associations, and individuals. CACC's major activities include, promoting information exchange among provinces/territories, producing training resources, carrying out practical research projects, and advocating on behalf of the community care sector.

**Research Projects and Resource Development for the Sector:** CACC has a long-standing interest in seniors' mental health issues. CACC carries out innovative projects and develops practical resources for the sector, many of which have direct implications for seniors' mental health. For example, several recent projects have focused on helping to prevent physical and emotional burnout of family caregivers for seniors, and include: overcoming barriers to respite, physical

activity for older family caregivers, use of the Internet as a "virtual support system", training in medication management, and taking action against abuse of seniors.

CACC's President and CEO, Dr. Taylor Alexander, authored the opening chapters, "The History and Financing of the Long-Term Care Systems" and "The History and Evolution of Long-Term Care", for the first comprehensive Canadian textbook on long-term care published in 1996 by the Canadian Healthcare Association Press and its first revised edition in 2000.

CACC was also co-chair and Secretariat for the recently completed Canadian Home Care Human Resources Study, which was Canada's first comprehensive study of human resources in home and community care. Dementia and mental health were a focal point of this study. Finally, CACC is a co-sponsor of Canada's premier, annual National Healthcare Leadership Conference, along with the Canadian Healthcare Association and the Canadian College of Health Service Executives. The theme for the 2003 Conference in Edmonton was Leading Change Across the Continuum and CACC was delighted to host Dr. David Conn and Shelly Haber, who gave an excellent presentation on the Coalition, which was very well received by delegates.

CACC is proud to be a member of the Steering Committee of the Canadian Coalition for Seniors Mental Health, as seniors mental health is a vitally important but often-overlooked dimension of health and the health system.

## RESEARCH UPDATES

### SUICIDE AND OLDER ADULTS – TWO STUDIES

**C**orrelates of Suicide in the Older Adult Population in Quebec: This study describes the health status, psychosocial characteristics and health-care-seeking behaviours of older adults aged 60 years and over who committed suicide in Quebec in 1998-1999. In this study, 42.6% of the older adult suicide cases presented mental disorders at the time of their death, mainly depression. Sixty-five seven (65.3%) percent of the suicide cases would have been considered as having a mental health disorder if sub-threshold depression cases were included. According to proxy respondents, only 27.7% of the cases did not express any idea of death during the six-month period preceding their suicide. One interesting finding was that 53.5% of the older adult cases of suicide consulted a general practitioner or specialist during the 2-week period preceding their death. The result showed that only 8.1% had a severe level of functional limitations at the time of their death, and few had experienced a serious loss in their functional status during the six-month period preceding death. This result leads us to interpret with caution the conclusion of some studies suggesting that physical frailty is a major causal factor associated with suicide among the elderly.

**P**hysical Health and Mental Disorder in Elderly Suicide: A Case Control Study: Few controlled studies have explored the association between physical health, mental disorder and suicide in the elderly. This study showed that suicide cases did not differ from controls with regard to the number of chronic health problems. Compared to suicide cases, controls were less functionally autonomous at the time of death. Forty-two percent (42.1%) of the suicide cases presented a psychiatric disorder according to the DSM-IV criteria during the 6 months preceding death, mainly major depression. If minor and sub-threshold depression cases were included, 74.7% of the suicide cases would have been considered as having a mental health disorder. When the effect of other covariables were controlled for, multivariate analysis also showed that marital status, education, income, and living arrangement did not increase the probability of dying by suicide. Since older adults with mental disorders usually seek help for their mental health problems from their primary care physician, our findings suggest that detection of psychiatric disorders, mainly depression, at the primary care level must be included in late life suicide prevention strategies.

*For more information, contact Dr. Michel Preville at [michel.preville@usherbrooke.ca](mailto:michel.preville@usherbrooke.ca)*

**VISIT OUR WEBSITE**  
**[WWW.CCSMHA.CA](http://WWW.CCSMHA.CA)**

### MEMBERSHIP

The CCSMH currently has well nearly 300 individual and organizational members. Members will work in the field of seniors' mental health or have an interest in seniors' mental health issues.

A member may represent providers, consumers, policy makers, education or research organizations. Members must also be interested in making a positive change to the field of seniors' mental health. For more information, visit [www.ccsmh.ca](http://www.ccsmh.ca)

*Questions, comments or suggestions are always welcome.  
Please contact the Project Director, Shelly Haber at [s.haber@sympatico.ca](mailto:s.haber@sympatico.ca) or at 416.781.2886.*

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