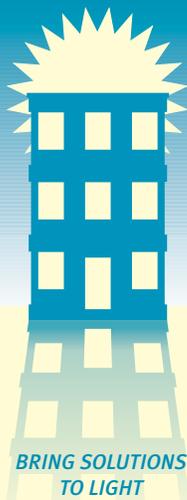


## CANADIAN COALITION FOR SENIORS MENTAL HEALTH

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 LIGHTMETTRE EN LUMIÈRE  
LES SOLUTIONSCHAIRÉD BY/  
PRÉSIDIÉ PARThe Canadian Academy of  
Geriatric Psychiatry  
Académie canadienne de  
psychiatrie gériatriqueSTEERING COMMITTEE/  
COMITÉ DE DIRECTIONAlzheimer Society of Canada  
Société Alzheimer du CanadaCanadian Association for  
Community Care  
Association canadienne  
de soins et services  
communautairesCARP-Canada's Association  
for the Fifty-Plus  
CARP-l'association  
canadienne des plus  
de 50 ansCanadian Association of Social  
Workers  
Association canadienne des  
ravitailleuses et travailleurs soci-  
auxCanadian Caregiver Coalition  
La coalition canadienne des  
aidantes et aidants naturelsCanadian Geriatrics Society  
Association de gériatrie  
du CanadaCanadian Mental Health  
Association  
Association canadienne pour  
la santé mentaleCanadian Nurses Association  
Association des infirmières et  
des infirmiers du CanadaCanadian Psychological  
Association  
Société canadienne  
de psychologieCanadian Society of  
Consulting Pharmacists  
Association canadienne des  
pharmaciens consultantsCollege of Family  
Physicians of Canada  
Collège des médecins de  
famille du CanadaHealth Canada - advisory  
Santé Canada - consultatif

## REPORT FROM THE CHAIRS

By: Drs David K. Conn and Kenneth Le Clair

The CCSMH mission “to promote the mental health of seniors by connecting people, ideas and resources” continues to provide direction to our many initiatives. The upcoming Research Workshop in the fall of 2004 will support our goal to advocate for targeted resource allocation for research activities and linked knowledge transfer strategies. The focus of the workshop will be on the stated priorities of CIHR’s Institute on Aging:

- Healthy and successful aging
- Biological mechanisms of aging
- Cognitive impairment in aging
- Aging and maintenance of functional autonomy
- Health services and policy relating to older people

Interested researchers and stakeholders are encouraged to contact us for more information.

We have recently announced the upcoming Best Practices Conference on Seniors Mental Health, September 25th and 26th 2005 (location t.b.d.). We anticipate a hugely successful event. The purpose of the Best Practices Conference will be:

- To showcase/highlight evidence based strategies

- To create awareness and educate
- To facilitate future activities and partnerships
- To foster a multidisciplinary, integrated, comprehensive approach to seniors mental health

The anticipated outcomes will be:

- An inventory/proceeding of evidence based practices.
- Heightened awareness of mental health issues in aging.
- Implementation of best practices at the front line.
- Documented opportunities for the development of Guidelines.
- Documented list of priority issues for follow-up, and
- Increased awareness of CCSMH.

Finally, but not least of all, our Project Director, Shelly Haber will be leaving the position at the end of March 2004. She will be replaced with Faith Malach who will continue to provide leadership to all the initiatives. We would like to say thank you to Shelly for all her hard work, energy and dedication. Shelly has made an enormous contribution to the success of the Coalition and we hope that she will be available to work with us on future projects.

## PROJECT DIRECTORS REPORT

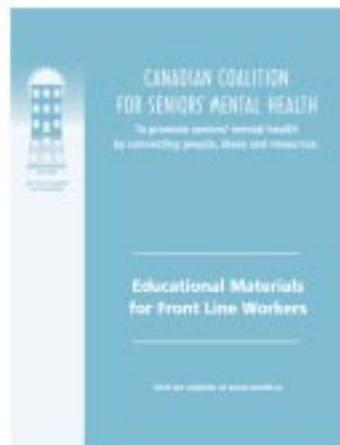
By: Shelly Haber

The CCSMH website [www.ccsmh.ca](http://www.ccsmh.ca) is fully operational and provides a wealth of resources on a national and international level. I would like to thank everyone who has provided input and identified excellent resources for this site.

The two Catalogues; Educational Materials for Front Line Workers and Educational Materials for Informal Caregivers of Seniors have been published and sent to over 1600 nursing homes across Canada, and

over 300 national and provincial associations as well as key stakeholders. The Catalogues can be viewed and downloaded from the website. Again these materials are the work of numerous people who provided their time and energy to identify excellent resources.

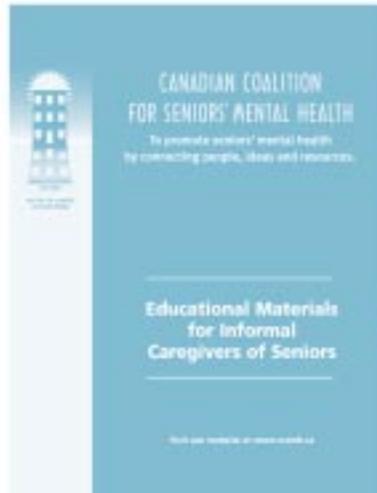
The CCSMH Steering Committee met this January to identify and provide direction for the next round of strategic initiatives. A Two-



continued →

Day Research Workshop to identify research priorities in seniors' mental health is being organized for the fall 2004. Questionnaires have been sent out to over 100 people/organizations for feedback on the issues and priorities. The information is being collated to help create an agenda for the two days.

A Best Practices Conference has been identified as a key priority. This will be held September 25th and 26th 2005. The location is still to be determined. There was a call for comments on content and



assistance in organizing the event. The response has been great. A committee will be reviewing the comments and getting in touch with people sometime this summer. The Committee also supported the creation of a communications plan to begin to address the negative images associated with mental health and behavioural issues in long term care settings. It is hoped that this will be an opportunity to publicly demonstrate the commitment and hard work of the staff in long term care settings as well as the unique challenges they face.

## CONFERENCE WATCH!

***TOWARD A NEW PERSPECTIVE: FROM AGEING TO AGEING WELL***  
*International Association of Gerontology & World Health Organization;*  
*Delta Centre-ville Hotel, Montréal, Quebec, October 3-5, 2004*  
<http://www.geronto.org>

***A DIFFERENT PERSPECTIVE, A DIFFERENT APPROACH***  
*Alzheimer Society of Canada; April 22-24, 2004*  
*Delta Centre-Ville, Montreal, Quebec*  
<http://www.alzheimer.ca/english/newsevents/conference-intro.htm>

***BEST PRACTICES IN SENIORS MENTAL HEALTH-CONFERENCE***  
*Canadian Coalition for Seniors Mental Health*  
*September 25th and 26th 2005*  
*Location to be announced! [www.ccsmh.ca](http://www.ccsmh.ca)*

***AGING FAMILIES A PERSONAL AND PROFESSIONAL MATTER***  
*May 10 – 14, 2004, Calgary*  
[www.mtroyal.ca/events/gero](http://www.mtroyal.ca/events/gero)

## MENTAL HEALTH ASSESSMENT TOOLS IN LONG TERM CARE SETTINGS ASSESSMENT: MORE THAN A GOOD TOOL

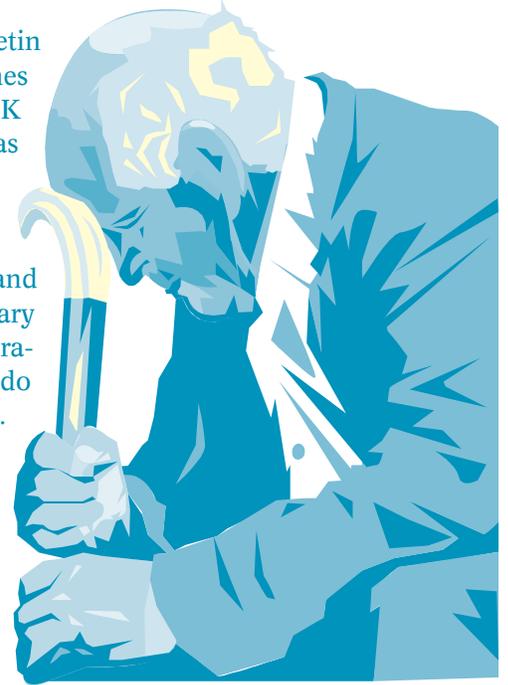
By: Dr. Maggie Gibson

A recent report by Margaret Hammond (Doctors' and nurses' observations on the Geriatric Depression Rating Scale, *Age and Ageing* 2004; 33:189-192) highlights the complexity of assessment as an interpersonal exchange between health care providers and recipients. Despite evidence that older adults find the Geriatric Depression Scale (GDS) acceptable as a screening tool for depression, that the GDS has acceptable reliability and validity, and that there is a need to screen for depression in the elderly population, doctors and nurses expressed reluctance to use the tool. Reasons addressed

both content (too negative) and process (too mechanistic). The findings of this short report support the need for a focus on clinical practices - the who, when, where and why's - in assessment, as well as on the what's (assessment tools). Moreover, the discomfort health care providers may experience when confronted with an elderly person's despair and distress may itself create a barrier to good clinical practices. There is a need for more attention to training in how to explore an elderly person's emotional needs, including how to use available tools to enhance the assessment process.

# DEPRESSION GUIDELINES

A recent review in the International Psychogeriatric Association Bulletin identified some of the problems associated with guidelines. Guidelines have a mixed record in terms of their ability to influence practice. The UK Faculty of Old Age Psychiatry of the Royal College of Psychiatrists has attempted to bring together in one document, evidence on which to base the treatment of late-life depression in primary care (Baldwin et al Int J Geriatr Psychiatry 2003; 18:829-838). There is reasonable quality evidence to support the use both of antidepressants and psychological therapies in acute and continuation therapy but, there is little specific evidence of efficacy in primary care as opposed to specialist care settings. There are obvious gaps in the literature, such as how to classify and manage 'minor' depressions and what to do with patients who do not get better with first line medication management. The authors point out that treatment should include psychological therapy and not only antidepressants or mood stabilizers. Of course the difficulty is that psychological treatments are often either not available or only available after unacceptable waits. Guidelines are only relevant when they can be implemented in the field. Access to resources dictates the applicability of all guidelines. This review emphasizes the importance of ongoing advocacy and policy development.



## THE WORLD ASSEMBLY ON AGING:

By: Simone Powell

In April 2002, Canada, along with 156 nations as well as representatives of non-government organizations, attended the UN Second World Assembly on Aging in Spain. The purpose of the meeting was to examine the effects of population aging worldwide and to revisit the International Plan of Action on Aging that had been adopted at the First World Assembly on Aging held in 1982.

The Plan of Action serves as a guide for governments and other players as they determine priorities and policies to meet the needs of an aging society. It identifies three priority directions:

- Older persons and development;
  - Advancing health and well-being into old age; and
  - Ensuring enabling and supportive environments.
- Along with these priorities, the Plan provides recommendations covering a wide range of issues such as work, education, pensions, health and housing.

In comparison to many other regions of the world, Canada has done well in improving the lives of older adults. Nevertheless, the Plan of Action is relevant for Canada, and government and non-government sectors will find guidance in both the plan's many objectives and recommendations. Some of the recommendations which have particular relevance for addressing the mental health and emotional well-being of seniors include:

- treating older adults fairly and with dignity regardless of disability or other status, taking into account their needs and respecting their right to live in dignity in all stages of life.
- providing mental health services to older persons residing in long term care facilities.
- ensuring that health care professionals receive on-

going training in the detection and assessment of all mental disorders and depression.

- taking steps to provide community-based care and support for family care.
- including older persons in decision-making related to their own care as well as in the planning, implementation and evaluation of social and health care, including long term and rehabilitative care.
- initiating and promoting education and training programs, as well as continuing education, for health professionals, social care professionals and informal care providers in the services for, and care of, older persons.
- training of caring professionals on how to handle elder abuse.
- supporting the provision of palliative care and its integration into comprehensive health care.

These are just some of the 117 recommendations found in the Plan of Action. Together they serve to support the broader goal of ensuring that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights. (The Madrid International Plan of Action on Aging 2002).

### **For more information:**

The World Assembly including resulting documents the Madrid Plan of Action and the Political Declaration as well as information about the NGO World Forum on Ageing: <http://www.globalaging.org/waa2/new.htm>

Valencia Forum (held as a side event to the Assembly, for researchers, educators and practitioners in aging): [www.valenciaforum.com](http://www.valenciaforum.com)

Statement by the Honourable Sharon Carstairs, leader of the WAA Canadian delegation: [www.un.org/ageing/coverage/canadaE.htm](http://www.un.org/ageing/coverage/canadaE.htm)

## WEB SITE OF INTEREST

*The J.W. Crane Memorial Library of Gerontology and Geriatrics is Canada's largest and best known special library on aging. The Crane's resources include over 10,000 books, 225 journal subscriptions, a significant collection of audiovisuals and training manuals, and other specialized collections. The collection covers the clinical, social, and psychological aspects of aging, the administration, organization and operation of long-term care systems, as well as health promotion and outreach programs for seniors. A particular emphasis is placed on collecting Canadian resources. The library publishes Agelit, a review of recent research and resources in geriatrics, on a quarterly basis and the "Current Perspectives Series" of selective bibliographies on key geriatric topics is updated regularly.*

[http://www.deerlodge.mb.ca/crane\\_library/services.asp](http://www.deerlodge.mb.ca/crane_library/services.asp)

## MEMBERS PROFILE

### ALZHEIMER SOCIETY OF CANADA

Founded over 25 years ago, the Alzheimer Society is a not-for-profit health organization dedicated to helping people affected by Alzheimer Disease. The Society consists of a national office, 10 provincial organizations and more than 140 local groups across the country. The mission is to alleviate the personal and social consequences of Alzheimer Disease and to promote the search for a cause and cure of the disease.

The Alzheimer Society provides support, information and education to people with Alzheimer Disease, families, caregivers, physicians and health-care providers. Educational materials are produced in print, video and audiotape format. Information meetings and support groups are organized locally across Canada. Bilingual information can be found on the Web site at [www.alzheimer.ca](http://www.alzheimer.ca).

In October 2003 the Society announced the newly named Safely Home™ – Alzheimer Wandering Registry, a program designed to help find a person with Alzheimer Disease who is lost and assist in a safe return home. First established in 1995, Safely Home is being expanded to

create a search and rescue plan for long term care facilities, a training video for police agencies, national search and rescue guidelines, and additional materials.

The Alzheimer Society is a leading funder of Alzheimer research in Canada. In 2003, the Society funded 38 new grants and research awards amounting to \$3.4 million. For a list of research currently funded by the Alzheimer Society of Canada, please visit the Web site.

The Alzheimer Society of Canada will be holding its 26th national conference in Montreal, Quebec on April 22 to 24, 2004. A Different Perspective, A Different Approach will include sessions on treatment strategies, current and future drug treatments, research findings on the quality of life of people with Alzheimer Disease, and insight into communicating with people with moderate stage dementia.

The Alzheimer Society of Canada supports collaborative initiatives like the CCSMH which facilitate an enhanced quality of life for seniors through innovation and the dissemination of best practices.

## MEMBERSHIP

The CCSMH currently has well over 300 individual and organizational members. Any organization or individual interested in becoming a member of the CCSMH should contact Faith Malach. It is anticipated that members will work in the field of seniors mental health

or have an interest in seniors mental health issues. A member may represent providers, consumers, policy makers, education or research organizations. Members must also be interested in making a positive change to the field of seniors mental health.

*Questions, comments or suggestions for newsletter items are always welcome.*

*Please contact the Executive Director, Faith Malach at [fmalach@baycrest.org](mailto:fmalach@baycrest.org) or at 416.785.2500 x6331*

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