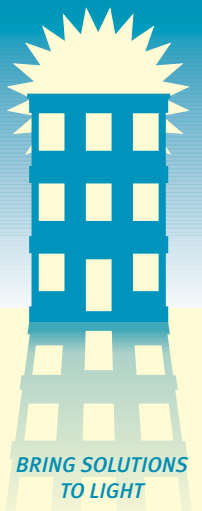


CANADIAN COALITION FOR SENIORS MENTAL HEALTH

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 SOLUTIONSCHAIRD 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
ravailleuses 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 CO-CHAIRS

By: Drs David K. Conn and Kenneth LeClair

Thank you for taking the time to read this new issue of the CCSMH Newsletter and for your continued interest and support for the Coalition. We are pleased to report that the past quarter has been both busy and exciting. The CCSMH Steering Committee and members continue to work hard to plan and promote two major initiatives - the September 2004 Research Workshop and the Best Practices Conference on Seniors' Mental Health. The Best Practices Conference, which will take place in Ottawa on September 26th and 27th 2005 will offer opportunities for showcasing best practices on day 1, and for action oriented workshops on day 2 of the event. Please visit the CCSMH Website www.ccsmh.ca for more information about this exciting conference.

In addition, the CCSMH has been busy participating in policy forums and planning sessions, creating position papers and responding to our membership group. We are pleased that our membership continues to grow and the Coalition is being recognized and used for support.

Though the mission of the CCSMH

remains the same, we are pleased to observe and participate in an expansion of initiatives and inquiry from both the Long-Term Care and Community/Home Care sectors. This shift to be more inclusive of Community/Home Care initiatives is one that we are eager to engage in and we recognize the need for the coalition to have a strong presence in both sectors. We invite and encourage you to share with us any ideas or opportunities to expand the presence of the Coalition in both sectors.

Finally, the CCSMH recently received a glowing report following an evaluation that was conducted in order to identify the process of the CCSMH formation and successes/barriers for implementation of Coalition initiatives. A summary of the report is provided in this newsletter.

The CCSMH has achieved a great deal in a short period of time, due to the dedication and leadership of our Steering Committee and membership. We look forward to our continued growth and upcoming events and as always, we are eager to hear from you with new ideas, sharing of resources and to engage in new initiatives and collaborative work.

EXECUTIVE DIRECTOR'S REPORT

By: Faith Malach

It's been only four months since I took on this role with the CCSMH, yet I feel excited by and immersed in the tremendous amount of energy focused on seniors' mental health initiatives throughout Canada. I have had the opportunity to connect with many of you, and I have been very impressed with the interest, efforts and commitment of the CCSMH members to date.

It is clear that the Coalition has achieved much success in a short period of time, yet we still have an enormous opportunity to accomplish even more. My job is to ensure that we move forward as a cohesive, zealous, well informed, passionate and credible group and that we meet our mission "to promote the mental health of seniors by connecting

people, ideas and resources". With our continued growth, comes new opportunity. This may appear in the form of collaboration and advocacy for moving issues forward to the federal, provincial and territorial levels of government, or to support and educate organizations from both the long-term care and the community sectors. Though my role may take on many dimensions, one of my most important and challenging tasks is to draw in new members to the Coalition and to keep our current membership engaged and energized. Your ideas and contacts are valuable and would be much appreciated. The over 300 individual and organization members have an abundance of knowledge and

continued

experience that needs to be shared and promoted, and I look forward to the challenge of enhancing our current mediums such as the newsletter and website and to facilitating existing and new strategic initiatives of the CCSMH.

As you will note in this newsletter edition, several members responded to my call for newsletter items by providing updates on projects, conferences, websites and research. I encourage you to share the newsletter with those around you and to contact me to provide updates, opportunities for collaboration and how the CCSMH can

better meet your needs.

My transition to this role has been enjoyable thanks to Drs. David Conn and Ken LeClair, the CCSMH Steering Committee and the many members who have helped to orient and welcome me to the group. Special thanks, to Shelly Haber for her endless commitment and support and for ensuring our seamless transition.

I wish you all a restful remainder of the summer, and I look forward to connecting in the weeks and months ahead. I hope you enjoy and benefit from this edition of the CCSMH Newsletter.

CCSMH NEWS & UPDATES

THE CANADIAN COALITION FOR SENIORS' MENTAL HEALTH: A PROCESS EVALUATION

By: Katherine Boydell

A systematic study of coalition work in communities is essential to developing the research base. Ongoing monitoring can assess the strength and weaknesses of coalitions and measure the effectiveness of their current strategies. However, there has been a paucity of projects that evaluate the process of coalition development as an indicator of success. It has also been noted that there is little research that utilizes a qualitative approach to the exploration of the coalition implementation process. The process evaluation of the CCSMH addresses these gaps in the current coalition research.

The overall goal of the evaluation was to review and provide feedback on the process of coalition formation and implementation. The specific objectives included:

- To assess the effectiveness of the meeting process
- To assess member satisfaction with how the coalition operates
- To document the major accomplishments/successes and setbacks/challenges of the coalition
- To document the activities of the coalition

A secondary goal of the evaluation was to evaluate the usefulness and satisfaction with the educational inventories produced by subgroups of the CCSMH.

Multiple, diverse perspectives were included in the evaluation. Both qualitative and quantitative methods were used. For the qualitative component, participant observation, interviewing and documents analysis were utilized. Data included researcher field notes of all steering committee meetings and educational working group committees; in-depth telephone interviews with key informant members of the coalition; and a review of doc-

uments and materials produced by the coalition. The quantitative component included the implementation of a number of measurement tools that assessed meeting effectiveness, the partnership, member satisfaction and activities of the coalition.

Meeting goals, level of participation, leadership, decision-making, cohesiveness, organization and productivity for all steering committee and work group meetings were assessed. The groups felt positively about the ways in which the meetings evolved. Levels of satisfaction with meeting effectiveness increased over time. Particularly noteworthy were the increases in member participation in the meeting process, perception of group cohesiveness, and productivity.

General satisfaction of key coalition members was assessed and all respondents indicated that they were satisfied to very satisfied with planning and implementation (follow through), leadership (strength, vision, communication), services (education, fundraising, advocacy, website), community involvement (participation from influential sectors), progress and outcome (in meeting objectives), and overall approval.

Interviews with coalition members revealed a number of pervasive themes. They included strong leadership, ongoing communication, member commitment, stable resources/funding, and a culture/atmosphere of trust and mutual respect. The importance of these themes was highlighted throughout the key events that allowed the coalition to "hit the ground running from day one." Look for the full final evaluation report on the CCSMH website in August 2004 or contact Faith Malach at fmalach@baycrest.org for further information.

UNIVERSITY OF TORONTO, FACULTY OF SOCIAL WORK STUDENT INTERNSHIP

Jennifer Mokry, will be completing her internship with the CCSMH from September 2004 – April 2005. Jennifer, will be looking for opportunities to collaborate with

members for learning purposes and potential new initiatives. Please contact fmalach@baycrest.org with any suggestions.

CANADIAN HEALTH NETWORK (CHN) MENTAL HEALTH AFFILIATE ADVISORY NETWORK

The CCSMH has accepted an invitation to sit on the Advisory Network for the CHN Mental Health Affiliate. The Advisory Network will also include one representative from both CAMIMH, and from the National

Children's Alliance. Representatives will bring expertise from their organizations and be responsible for monitoring the scope and validity of the bilingual CHN Mental Health Collection.

THINK TANK: FUTURE PLANNING FOR THOSE AFFECTED BY ALZHEIMER DISEASE AND RELATED DEMENTIA

A number of CCSMH members participated in this event organized by the Ontario Seniors' Secretariat. Opening remarks by the Honourable John Gerretsen,

Ontario's Minister Responsible for Seniors inspired the attendees for day long discussions on planning for those affected by Alzheimer Disease and related dementias.

HOME CARE AND MENTAL HEALTH SECTOR POLICY FORUM

The Canadian Mental Health Association invited CCSMH to participate in its Home Care Sector and Mental Health Project, one of six initiatives funded by Health Canada through "VOICE in Health Policy". This

project will develop a set of policy options to advise the Federal Government on the interface of home care and mental health. Visit www.ccsmh.ca to view the CCSMH position statement, developed for the policy forum event.

CCSMH RESEARCH WORKSHOP

A CCSMH Subcommittee continues to prepare for The Setting Strategies for Research, Partnerships and Knowledge Transfer Initiative that will bring together approximately 45 relevant stakeholders for two days to get agreement on the "information gaps and needs" for Canadians related to seniors' mental health. These "knowledge needs" will provide the foundation for the stakeholders to shape priority research themes, enhance partnerships, and create knowledge transfer strategies.

The event will be held on September 20th & 21st 2004 in Toronto, Canada. The recommendations arising from the planning exercise will be distributed to the Canadian Institute for Health Research (CIHR) to inform the funding activities/priorities of the CIHR, Canadian Health Services Research Foundation (CHSRF), other research funding

organizations and consumer/provider organizations. The purpose of the initiative is to influence funding agencies for health research to recognize and address the importance of seniors' mental health research. In addition, an evaluation is being conducted with the goal of evaluating the effectiveness of such a workshop on knowledge transfer and for influencing policy and planning activities. Targeted mental health research will contribute to the creation of new knowledge, which in turn will translate into improved health and a more effective, efficient health system for Canadian seniors.

We are grateful that funding support for this event, will be provided by Health Canada -Population Health Fund, the Max Bell Foundation, the CHSRF, and the CIHR – Institute of Aging and Institute of Neurosciences, Mental Health and Addiction.

SUBMISSIONS BY CCSMH MEMBERSHIP

MENTAL ILLNESS AWARENESS WEEK (MIAW): OCTOBER 4-10 2004

Planning MIAW is underway, and once again your help is needed to ensure that we reach as many Canadians as we can with important messages about mental illness.

Since its launch in 1992, MIAW has been coordinated by the Canadian Psychiatric Association (CPA), with help from many partners. This responsibility has transitioned to the Canadian Alliance on Mental Illness and Mental Health (CAMIMH), with CPA still playing a strong role.

The theme of this year's campaign is Face Mental Illness. The core elements of the campaign will include a grassroots public education initiative; a nationally-dis-

tributed poster and bookmark series; and, the 2nd Annual Champions of Mental Health Awards luncheon on October 5th in Ottawa. The luncheon is a component of a new education initiative being undertaken with federal Members of Parliament, both in their home ridings and on Parliament Hill.

The new website www.miaw.ca is up and running and is available as a resource to you. You will also be able to order materials on-line for events in your organization or community.

For further information, contact H  l  ne Cote at hcote@cpa-apc.org or 613 234-2815 x 232

TWO APPROACHES TO MANAGING KNOWLEDGE

By: Lynn Moore

THE ONTARIO KNOWLEDGE EXCHANGE FOR COMMUNITY AND LONG-TERM CARE

The 2004/05 “Transformation Plan” of the Ontario Ministry of Health and Long-term Care includes investing in the Community to increase Community Capacity. This includes supporting innovation and leadership development in community and long-term care through introduction of programs that ensure quality.

The development of the Ontario Knowledge Exchange for Community and Long-term Care is the result of collaboration of organizations across Ontario including Ontario Association of Community Care Access Centres, Ontario Long-term Care Association, Ontario Association of Non-Profit Homes and Services for Seniors, Ontario Community Support Association and Registered Nurses Association of Ontario.

The Exchange will be a means of increasing the capacity of community and long-term care sectors to provide quality care in Ontario. Through target groups including geographic “chap-

ters” and communities of practice, the Exchange will:

- Assist in finding, assessing and using evidence;
- Increase participants’ skills in obtaining, assessing, and using evidence in decision-making
- Increase dialogue and consultation among participants and knowledge creators to share knowledge and expertise.

The Exchange will do this through change champions, interactive engagement of participants, and a librarian/learning coach who will be a guide for an interactive website and literature searching assistance.

A business plan for the Exchange was recently submitted to the Ontario Ministry of Health and Long-term Care to ask for assistance in the development of the next stage of the Exchange to build on the work of the collaborating groups.

More information about the Exchange can be obtained from Dr. Larry W. Chambers, Chair of the Advisory Committee for the Exchange (lchamber@scohs.on.ca).

THE ALZHEIMER KNOWLEDGE EXCHANGE

Over the past year a concerted effort has been underway to identify and develop mechanisms to support, sustain and advance the initiatives arising from Ontario’s Alzheimer Strategy. The Alzheimer Knowledge Exchange (AKE) recently has been proposed to government as one of four pillars of transition identified to maximize the investment in the Alzheimer Strategy. The model for the Alzheimer Knowledge Exchange builds on the successes of the Strategy, and incorporates the most recent literature and experiences of others in knowledge exchange, and uses input from surveys and consultations.

The plan is for the AKE to have four components: (1) A clearinghouse/resource centre (the Alzheimer Resource Centre); (2) An interactive exchange; (3) Support for the “change champions”, created through the work of the Alzheimer Strategy, and ultimately for the end users; and (4) Moving innovations in practice forward.

The goals of the AKE are:

- To provide support, co-ordination and overall direction to the components of the Strategy that are continuing forward;
- To ensure that the focus of the elements of the Strategy remains on improving service and making life more meaningful for those experiencing Alzheimer Disease and Related Dementias (ADRD);
- To promote systemic change to support the needs of the growing population affected by ADRD;
- To foster and support linkages between consumers, providers, organizations, and policy makers; and
- To identify opportunities and models for future development of services, education, research and supportive public policy.

The AKE development was completed in consultation with the Ontario Knowledge Exchange for Community and

Long-Term Care Steering Committee and the plan is for the AKE to be formally linked to the Ontario Knowledge Exchange as one of that initiative’s demonstration projects. Through this link the AKE will provide the Ontario Knowledge Exchange with an opportunity to assess the impact of a knowledge exchange designed to connect and support a practice-based community of interest.

Although the AKE will be developed and operated independent of the Ontario Knowledge Exchange, there will be cross representation on the respective implementation and steering groups. Through this cross representation all opportunities for sharing resources, technology and expertise will be identified. The evaluation of the AKE will be designed to support its role as a demonstration project for the Ontario Knowledge Exchange. At the end of the demonstration phase decisions will be made as to whether and how the AKE could be integrated into the Ontario Knowledge Exchange. For more information, contact the Co-Chairs of the Interim Provincial Alzheimer Group, Dr. Ken LeClair (leclairk@pccc.kari.net) or Lynn Moore (lmoore@alzheimeront.org).

NETWORK OF SOCIAL WORKERS IN HEALTH AND MENTAL HEALTH TO LOOK AT THEIR STRUCTURE AHEAD OF NEXT CONFERENCE IN 2007

Submitted by Jean Burt

The Network of Social Workers in Health and Mental Health decided during their Fourth International Conference in Quebec City, Canada 23- 27 of May, to establish a committee to consider different options for structuring the group, aiming at taking a decision at their next conference in Hong Kong in 2007. The group has so far mainly been a conference organizing body (with international conferences every third year), but there is now interest in establishing a more permanent structure. Investigating possible links to IFSW and IASSW will be part of consideration.

THE DEMENTIA NEW EMERGING TEAM (NET)

By: Kristina Sorensen

The Dementia New Emerging Team (NET) is comprised of researchers, clinicians, and healthcare decision-makers, who have come together to carry out health services research into the best ways to provide care for people with dementia at moments of “transition”, from the earliest identification of symptoms to the management of problematic behaviors in residents with moderate to severe dementia living in long-term residential care.

Our group consists of three multidisciplinary, community-based, dementia care networks in Canada (Ottawa, Toronto, Calgary), which began in 1999 when we

received support from the “Tri-Council” (the fore-runner of the Canadian Institutes of Health Research (CIHR)) and the Alzheimer Society of Canada. This collaboration creates significant opportunities to increase the collective research capacity by undertaking studies in at least two provinces (with their differing health systems), with an even stronger array of methodological, clinical, managerial, and lay experience at our disposal, and with the additional benefit of access to larger study samples.

For more information about Dementia NET please visit <http://www.ucalgary.ca/dementianet/>.

CAPITAL HEALTH PATIENT SAFETY PROJECT: REDUCING CHEMICAL AND PHYSICAL RESTRAINTS IN CONTINUING CARE FACILITIES

By: Sandra Leung

The Capital Health Patient Safety Project is a 2-year project (2004-2006) aimed at improving the safety and quality of care of residents in continuing care facilities by reducing the inappropriate use of chemical and physical restraints.

The project is a partnership between Capital Health, Caritas, The Capital Care Group, Central Park Lodges and the University of Alberta. The project team includes a geriatrician, geriatric psychiatrist, physician, nursing practitioner, pharmacist, best practice leader, psychiatric nurse consultant, and representatives from continuing care facilities.

The goals are 1) to reduce resident injuries and hospitalizations due to inappropriate use of restraints; 2) to improve the quality of life for residents experiencing Behavioral and Psychological Symptoms Dementia (BSPD); 3) to reduce inappropriate psychotherapeutic medication use by developing evidence-based clinical guidelines; 4) to increase the knowledge of physicians, pharmacists and staff in the appropriate use of psy-

chotherapeutic medications, physical restraints and alternative care approaches; and 5) to sustain continual improvement through ongoing education and performance measurement/reporting.

The project will be conducted in 3 phases over 2 years. Phase I will include collection of baseline prevalence information and development of clinical practice guidelines and standards of care. Phase II will be the implementation of a staff education program, and phase III will be a post-intervention prevalence study, revision of guidelines and standards, and completion of project report.

Capital Health is one of the largest integrated academic health regions in Canada and is responsible for health care services in Edmonton and surrounding areas in Alberta. The region has an estimated senior population (65+) of 110,000. There are 4452 beds in 32 continuing care facilities. For more information, contact Lynne Mansell, Project Lead, email: lmansell@cha.ab.ca, 780-413-5176.

NEW PUBLICATION REACHES OUT TO CANADA'S 5,000,000 CAREGIVERS

By: Stuart Teather

Caregiver Omnimedia has just released the second issue of their new publication - The Family Caregiver Newsmagazine (TFCN). This publication focuses on serving the needs of the caregiver rather than the care recipient. Caregivers are often overwhelmed by the number and complexity of the issues that suddenly face them when they are thrust into the roll of looking after a family member or loved one who can no longer manage on their own. TFCN is written to help these people get the information that they so urgently need and to remind them that they are not alone in their struggles; that in fact, they are part of a huge community. With 1 in 4 Canadian

adults involved in Caregiving and the market growing at 15% a year right now, the market that TFCN is looking to serve is huge and expanding all of the time.

The publication (which launched in March of this year) is going to be produced on a bimonthly basis for the first year, but plans already exist to increase the frequency to monthly in late 2005. The publication reaches 500,000 people across the country with circulation through the National Post, Home Hardware stores and through other Health and Disease Associations. The publication is also available online at www.thefamilycaregiver.com

PSYCHOSOCIAL APPROACHES TO THE MENTAL HEALTH CHALLENGES OF LATE LIFE : PROJECT UPDATE

By: Penny MacCourt

In a previous CCSMH Newsletter, readers were informed that the funding for this project was awarded to the BC Psychogeriatric Association by Health Canada, Population Health Fund. The goal of this project was to develop the capacity of communities across Canada, through a comprehensive, integrated cross-sectoral approach, to use psychosocial approaches to promote seniors' mental health, and to prevent and/or address mental health problems.

Since the submission in 2003, the Psychosocial Approaches to the Mental Health Challenges of Late Life Project has achieved many of its goals and has been extended to allow for enhanced promotion and dissemination of the project products, and to facilitate the development of the Seniors Psychosocial Interest Group (SPIG). An update on the various milestones and upcoming initiatives are outlined below:

- **Formation of Seniors Psychosocial Interest Group (SPIG):** The goals of the SPIG include (1) developing and promoting a better understanding of the influences of psychosocial factors on seniors' mental health, by (2) promoting increased integration of psychosocial approaches into the bio-psychosocial model, in support of seniors' mental health. The goals will be achieved through influencing practice, policy and research through our work as an interest group, and by collaborating with others.
- **Seniors' Mental Health Policy Lens (SMHPL):** The SMHPL is an analytical tool that has been developed to identify the direct or indirect repercussions of policies, programs and services on the mental health of all older adults. It is intend-

ed as an aid to help ensure that the way mental health and other services for seniors are defined, delivered, and funded will result in a greater emphasis on mental health promotion, and on the prevention of mental health problems.

- **Psychosocial Research Agenda for Seniors Mental Health** has been developed. This has been presented to CIHR with request for a special call for proposals.
- **Seniors to Seniors Brochure:** This brochure was designed for seniors, by seniors from across Canada, who shared their wisdom about meeting the mental health challenges of late life. Topics include: Strategies for Connecting, for Planning Change, for Dealing with Change, for Looking After the Body, For Looking After the Spirit, For Looking After the Mind, and for Preparing for the Future You Want.
- **Psychosocial Resource Manual (PRM):** The PRM will provide information about what practitioners/communities are doing to promote and support seniors' mental health, and to prevent and treat seniors' mental health problems. We are seeking information about the psychosocial approaches being used by service providers, programs and communities to address issues related to seniors' mental health and illness, such as: loneliness, grieving, relocation, declining physical functioning, depression, social isolation, anxiety, widowhood, etc, at the individual, community or program level. Submissions will be accepted until Sept 10, 2004.

For more information about the above initiatives, please contact Penny MacCourt at pmaccourt@shaw.ca or (250) 755-6180 or visit the project website www.seniorsmentalhealth.ca

DELIRIUM ACTION RESEARCH

By: Deborah Burne

Delirium in older adults is misdiagnosed or underdiagnosed in 32 to 67 % of cases. Mortality rates associated with delirium range from 10 to 65 %.

Delirium Action Research was initiated in March, 2000 at the former Cornwall General Hospital now the Cornwall Community Hospital by this writer and Kim Peterson, Vice President Nursing Services to promote earlier identification of and appropriate response to delirium. Initially a "Resource Nurse" model was used to establish delirium resource nurses (Rapp et al, Iowa 2000). This generic educational approach failed to reach other nurses and impact on positive patient care outcomes. High patient acuity did not support additional nursing risk assessment procedures, although nursing assessment of mental status was identified as fundamental to the detection and monitoring of the fluctuating course of delirium. A comprehensive clinical, educational and organizational strategy was needed in order to sustain delirium best practice and to decrease morbidity and mortality in older adults.

The Davies Systems Approach (2001) facilitated a hospital-wide analysis and remodeling of systems to direct deliri-

um best practice to the patient, staff, family and physician dynamic. Key guiding concepts for the action research were to integrate delirium best practice into existing nursing structures and documents that nurses use in daily operations to implement risk assessment on admission and 24 hour mental status assessment. The following were developed and implemented and are available on request: delirium admission risk assessment tools; mental status documentation and guideline; delirium policy; routine orders for medical assessment with patient care strategies; delirium self-study guide and case study package with video; delirium pamphlet; and biannual pharmacological updates format regarding delirium management.

Measurement of the outcomes proved positive. Chart audits indicated that nursing staff are identifying mental status changes in 96 % of cases and that the incidence of delirium diagnosis by the medical staff has increased by 8 % since the implementation of the changes. The delirium self-study curriculum (as part of the annual staff performance review) has been completed by approximately 33 % of staff.

continued 

The anecdotal evidence of the distribution of the pamphlet to all day surgery patients pre-operatively has been reported as positive. This hospital wide approach is sustainable, of minimal cost and can be modified to accommodate various patient care settings. The Systems Approach has brought emphasis to mental status and may increase the identification of depression and dementia by nursing staff and the need for further assessment.

Nurses are demonstrating increased knowledge of mental status and are referring to behaviour, affect and cognition using appropriate terminology instead of the term confusion. The focus on delirium supports the need for mental status nursing assessment, a pivotal step in limiting ageist views towards older adults presenting with complex medical and mental health problems. The approach and documents developed have

been used as a resource by several hospitals across the province.

The Action Research and Resources have been referenced as a resource in the RNAO Best Practice Guideline - Care Strategies for Older Adults with Delirium, Depression, and Dementia, soon to be published. For more information, please contact Deborah Burne, (613) 933-4289, deborah.burne@sympatico.ca

CONFERENCE WATCH!

First Canadian Conference on Mental Health and Deafness:

Reach Canada, Ottawa, Canada, September 9-10th, 2004; www.reach.ca

Older People Deserve the Best! Building a Policy Framework and Innovative Services for Elder Health & Elder Care:

RNAO; The Westin Prince Hotel, Toronto, Canada, September 22-23 2004; www.RNAO.org

Mindful Care II: a Psychogeriatric Conference;

Keystone Centre, Brandon, Manitoba, Canada, September 30th & October 1st 2004; <http://mindfulcare.mb.ca>

Making Gains in Mental Health & Addictions 2004:

Toronto, Canada, October 3-6 2004; www.makinggains.com

Toward a New Perspective: From Ageing to Ageing Well;

International Association of Gerontology & World Health Organization; Montréal, Quebec, Canada, October 3-5 2004; <http://www.geronto.org>

10th Annual Dreambuilders Education Conference;

Bethany Care Society; Calgary, Canada, October 28 - 29, 2004; www.bethanycare.com/events&conferences

Late Life Mood Disorders;

Division of Geriatric Psychiatry University of Toronto & Baycrest Centre for Geriatric Care Program of Psychiatry; Toronto, Canada; November 19th, 2004; email lwong-ribeiro@baycrest.org

Best Practices in Seniors' Mental Health:

Canadian Coalition for Senior's Mental Health; Ottawa, Canada, September 26-27 2005; www.ccsmh.ca

24th Annual OGA Conference:

Toronto, Canada, April 8th-9th 2005. "Call for Presentations" can be found on the website: www.ontgerontology.on.ca with a deadline of October 15, 2004

OLDER PERSONS' MENTAL HEALTH AND ADDICTIONS NETWORK (OPMHAN) – JULY 2004 UPDATE

The OPMHAN was initiated in 2002 under the sponsorship of the Ontario Gerontology Association (OGA). To date, the Network includes representation from 50+ regional and provincial organizations, consumers and family advocacy groups. The mission of OPMHAN is "To improve the Ontario system of care for older persons in the community at risk of or coping with mental illness and addictions-and to support those who care for and about them".

In November of 2003, the OPMHA Network initiated a special project, funded by the Ontario Trillium Foundation, to undertake a "strategic analysis" to address the challenges of bringing together a broad diversity of individuals, organizations, sectors and philosophies to address the complex interplay of older adults' mental health and addiction issues. Following an extensive literature review, survey, interviews, focus groups, consensus building exercises and consultation with, and participation in related external advisory groups and coalitions, the Network has re-confirmed its original mission and committed to a noble and focused vision statement and principles.

The ambitious structure that has emerged

to take the work of OPMHAN into its next phase is that of a "shared lead collaborative", which is currently being developed under the leadership of the OGA. While still in the early stages of partnership development, this collaborative will assume the major responsibility for overall planning and implementation of Network activities. Initially this group of 'lead co-sponsors' of the OPMHA Network will work towards ensuring the financial sustainability of OPMHAN and enabling the Network to continue its many existing initiatives as well as to implement the plans and priorities emerging from the strategic analysis phase. While the final governance structure is still being 'tweaked' it is proposed that recommendations from the Steering Committee about changes in strategic directions, key policies, funding initiatives and further partnerships will be brought to the full Network for consideration at quarterly meetings and/or through e-mail surveys or other technological opportunities. As in the past, active committees and working groups will continue to play significant roles around specific areas of activity including public awareness, staff training and resource development, research, etc.

While all this has been going on, OPMHAN continued its broad public and professional awareness campaign. Its initial and very successful series of public forums "Raising Awareness About Older Adults' Mental Health And Addictions" ran from February - May of 2004. Plans are now underway for another series to take place in the Fall of 2004.

OPMHAN, the Mood Disorders Association Of Ontario and the Ontario College of Family Physicians' Mental Health Collaborative Mental Health Care Network have undertaken a broad campaign to address the important issue of Depression and the Older Adult. The campaign was launched at the Raising Awareness Forum entitled "Depression Is A Normal Part of Aging- Right? WRONG!!" on April 15, 2004. Also in April, OPMHAN compiled a preliminary Mental Health and Addiction Services Resource Guide for Family Physicians which was distributed to some 300 family physicians with a special interest in mental health.

For more info, please contact Randi Fine rfine@sympatico.ca ; 416 782-1601 or visit the website www.ontgerontology.on.ca

WEB SITES, INITIATIVES AND STUDIES OF INTEREST

Neuroleptic Drug Therapy in Older Adults Newly Admitted to Nursing Homes: Incidence, Dose, and Specialist Contact:

The objective of this study was to describe the incidence and dose of neuroleptic drug therapy newly dispensed for behavioural disorders to older adults admitted to nursing homes and to determine whether this use is associated with patient characteristics and contact with specialists.

All 19,780 adults aged 66 and older who had no evidence of neuroleptic drug use in the previous year and no history of major psychosis and were newly admitted to a nursing home between April 1, 1998 and March 31, 2000 participated in this study.

Results indicated that a prescription for a neuroleptic therapy was dispensed to 17% of older adults with no previous neuroleptic exposure within 100 days and to 24% within 1 year of their nursing home admission. Only 14% of those newly exposed had prior contact with a geriatrician or psychiatrist. The authors of the study concluded that incident use of neuroleptics in Ontario nursing homes is substantial and that better information about using these agents may be needed.

CCSMH Co-Chair Dr. David Conn and CCSMH Steering Committee member Ilona Horgen were both

contacted by the Globe and Mail to comment on the study and the potential need for National guidelines and regulations. JAGS 52:749-755, 2004

Interactive CD-ROM for front-line care providers:

The Deer Lodge Centre has recently produced an interactive CD-ROM training program for front-line care providers who wish to review and expand their knowledge and problem solving skills related to the prevention and management of challenging behaviours. "Calming the Waters: A Problem Solving Approach to Bathing Individuals with Cognitive Impairment" provides an overview of core concepts followed by a series of three clinical scenarios that allow staff to decide how best to manage a particular situation. Brief pre and post tests allow staff to test their knowledge before and after completing the program. For further information contact Judy Inglis, (204) 831-2107, email jinglis@deerlodge.mb.ca.

Geriatric Emergency Management:

Eight new Geriatric Emergency Management (GEM) nursing positions have been created in Ontario. The Ministry of Health and Long-Term Care approved base funding for GEM nurses to provide comprehensive geriatric assessment and co-ordination of hospital and community health-care services

for at-risk elderly patients identified in the emergency department. Benefits to having a GEM nurse include: a team approach to complex issues; the collaboration of a geriatric approach within the context of emergency department demands; identification and assessment of geriatric syndromes and other missed diagnoses; an enhanced linkage to community resources and; a trend to a reduction in return emergency department visits.

Physician Dementia Education Website:

The Ontario College of Family Physicians and the Physician Education Initiative of the Ontario Strategy for Alzheimer Disease and Related Dementias recently launched a new website www.dementiaeducation.ca. The website offers curriculum materials, continuing education programs and up-to-date information on dementia in an easy-to-use, interactive, real-time medium.

Phase One of Selkirk Mental Health Centre Redevelopment Receives Approval:

A June 2004 news release indicated approval of the first phase of redevelopment, which will include a new extended treatment and rehabilitation facility for elderly people with mental health issues and a new neurobehavioural rehabilitation in patient facility.

ONTARIO RESOURCE GROUP ON PROBLEM GAMBLING & OLDER ADULTS (55+)

By: Evelyn Bakich

In February 2000, three sites in the province of Ontario (Sister Margaret Smith Centre, Thunder Bay; Lifestyle Enrichment for Senior Adults, Ottawa; and the Sault Area Hospital Addictions Treatment Clinic, Sault Ste. Marie) were awarded funding in support of a 3-year pilot program in response to the identified special needs of older adults. Throughout the pilot project, the three sites worked collaboratively to develop specialized programs and population specific education/prevention resources and to share experiences. In the spring of 2004, the three sites mandated by the Ontario Ministry of Health and Long Term Care (MOHLTC) came together to form the "Ontario Resource Group on Problem Gambling and Older Adults 55+".

The main objectives of this group include articulating strategies for enhancing problem gambling services for older adults; and acting as a resource to the province's treatment system to increase the likelihood of a positive outcome for older adults with gambling related problems.

The Resource Group hopes to draw awareness to this reality for older adults and to reduce the stigma associated with gambling problems. The Resource Group in co-operation with the Responsible Gambling Council of Ontario is currently seeking funds to develop additional resources to get these messages out to the larger community. For more information, contact

Evelyn Bakich, Chair of the Resource Group, at bakiche@tbh.net or (807) 343-2425 Ext. 2861.

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 or at 416.785.2500 x6331

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