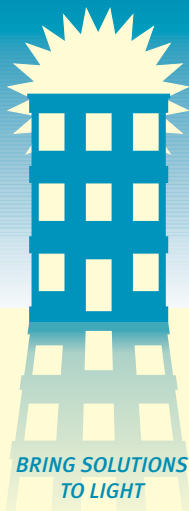


CANADIAN COALITION FOR SENIORS MENTAL HEALTH

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/
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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
travailleuses et travailleurs soci-
aux

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 et
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 CO-CHAIRS

By: Drs David K. Conn and Kenneth LeClair

The excitement of the National Best Practices Conference: Focus on Seniors' Mental Health has continued to grow over the last 3 months, and plans for the event are moving forward on schedule. The location of the Ottawa conference has been secured at the Crowne Plaza Ottawa Hotel for September 26th-27th 2005 and a block of rooms has been placed on hold for conference attendees.

The CCSMH Steering Committee and smaller sub-committee continue to meet approximately every 3 weeks by teleconference and have formalized the themes, audience and structure of the 2-day conference. The key themes of the conference include Key Clinical Syndromes (i.e. Depression, Anxiety, Dementia, etc.), Service Delivery (including LTC and Community), Environment, Illness Prevention and Health Promotion, Policy, Suicide and Caregivers. In addition, the structure of the conference will allow for keynote speakers, multiple themed paper sessions, poster displays, table displays containing materials from CCSMH member organizations and workshops focused on the review and/or development of national guidelines.

As evident, there is substantial planning and preparation going into this event. This newsletter edition provides further information on the call for abstracts, poster presentations and CCSMH member table displays. The CCSMH website (www.ccsmh.ca) is updated regularly to provide additional information on the conference.

To date, we have received numerous calls from our members and we are discovering that the word about the conference is spreading quickly. As we line up our keynote speakers, we will keep you informed. Registration is being planned for the spring of 2005.

In order to ensure that this event is a success, we need your enthusiasm and support. We welcome your ideas, submissions and creativity and see the conference event as a key initiative within seniors' mental health to raise awareness and to transfer knowledge.

We look forward to the continued planning of the conference over the next number of months and the opportunities to further collaborate with the CCSMH members. May you have an enjoyable holiday season and a happy New Year.

EXECUTIVE DIRECTOR'S REPORT

By: Faith Malach

This week, I was reminded once again of the importance of the work that our membership and the CCSMH are engaged in. I had a frantic call from a relative about her eighty-five year old parent who had begun, according to them, to act quite strangely. She explained to me that her father was convinced that he was dying, was taking his spouse's pain medication and had over the past months experienced changes in his mood, eating and sleeping habits. She had been previously assured that her father was fine physically and that his behaviour changes were likely a normal part of aging. Naturally I was concerned and pushed the family to have him both physically and mentally assessed. Sure enough, part of his diag-

nosis was depression. Though this didn't surprise me, I was reminded of the diverse issues related to seniors' mental health and how much work is required in order to educate and raise awareness of the numerous issues.

Although 2004 is shortly coming to a close, the CCSMH and its members are vigorously working on initiatives that will take us into 2005 and beyond. For example, as you will read in this newsletter edition, outcomes from the September 2004 Research Workshop include the creation of a new Research Network that will enhance the collaboration and transfer of knowledge related to seniors' mental health research. As well, the Assessment and Treatment Project is

continued →

moving forward and a pilot survey focusing on assessment processes, tools and outcomes will be launched in the New Year. Furthermore, the CCSMH is engaged in work with the Canadian Health Network (CHN) Mental Health Affiliate Advisory Network to review and make recommendations on the material, scope and validity of the bilingual CHN Mental Health Collection. Through a thorough review of the current material, the CCSMH will ensure that appropriate and informative materials are available to educate and inform the general public. Finally, the CCSMH continues to put forward proposals for funding so that new projects and participation in key initiatives related to advocacy, raising awareness and education may be pursued.

Associated with a New Year, are individual reflections and resolutions. When I reflect on the work of the CCSMH and individual members and organizations, I value those of you dedicated to efforts in the area of seniors' mental health and I am proud of the work being done by the CCSMH and its members throughout the country. My resolution is to become more familiar with those of you I haven't met to date and to further seek out opportunities to support you in our joint cause. Hopefully these efforts will ensure that all our loved ones and others around us will experience improved mental health as they age.

I wish you all a happy and healthy holiday season and I look forward to working with you through the continued challenges and opportunities in the upcoming year.

CCSMH NEWS & UPDATES

NATIONAL BEST PRACTICES CONFERENCE: FOCUS ON SENIORS' MENTAL HEALTH – SEPT. 26 - 27/05

The CCSMH is pleased at this time to invite submissions in preparation for the National Best Practices Conference: Focus on Seniors' Mental Health which will take place in Ottawa, Ontario on September 26th and 27th 2005.

The two-day conference will provide the opportunity for sharing of knowledge through a conference structure that includes keynote speakers, paper sessions, a poster & member exhibit, and workshops that will provide the opportunity for enhancing or creating proposed national guidelines in seniors' mental health.

The CCSMH will accept submissions for the following conference events:

- Paper Sessions
- Poster Sessions

- Members' Exhibits (On Day 2, time will be allotted for participants to view CCSMH members' table displays containing materials/info on programs or organizational information)

Separate sets of information and forms for the above submission options are available in both English and French in word format on the CCSMH website www.ccsmh.ca. All submissions must be emailed to jmoky@baycrest.org by Friday January 14th, 2005.

Registration for the conference will take place mid spring. Registration and hotel information (Crowne Plaza Hotel) will be made available at that time.

We look forward to your submission and participation in this exciting event!!!

RELEASE OF SENATE COMMITTEE REPORTS ON MENTAL HEALTH, MENTAL ILLNESS AND ADDICTION

The CCSMH attended a meeting in Ottawa, with Senator Kirby shortly after the release of the three Interim Reports on Mental Health, Mental Illness and Addiction that focus on:

A synthesis of the Canadian approach to mental health, mental illness and addiction including history, prevalence, legislation, policy, service delivery, research and ethics.

An overview of the mental health, mental illness and addiction systems in Australia, New Zealand, the United Kingdom and the United States, and a comparison of these systems with the Canadian system;

An issues and options paper which uses the first two reports to develop a set of issues, and a partial set of options for addressing these issues, which will be the focus of cross country public hearings by the Senate Committee beginning in January 2005.

To view or download copies of the three reports, please

visit the following website. <http://www.parl.gc.ca/38/1/parlbus/commbus/senate/com-e/soci-e/rep-e/repint-nov04-e.htm>

The release of the three reports concludes the first phase of the Committee's work. A period of consultation with Canadians will now be undertaken in preparation for the drafting of a final report that will contain specific recommendations for reform. The final report is scheduled to be released in November 2005.

HOW CCSMH MEMBERS CAN HELP!! As part of a National consultation, members are invited to make their views on mental illness and addiction known to the Committee, by completing a short questionnaire. The CCSMH encourages all members to publicize and participate in this opportunity. The following is the link to the on-line questionnaire. http://www.parl.gc.ca/common/Committee_SenHome.asp?Language=E&Parl=38&Ses=1&comm_id=47

CANADIAN HEALTH NETWORK (CHN) MENTAL HEALTH AFFILIATE ADVISORY NETWORK

The CCSMH has been asked to evaluate the web content related to seniors' mental health on the Canadian Health Network (CHN) (<http://www.canadian-health-network.ca/>) and to submit a summary report by mid January 2005. Currently, there are 107 items available if one requests a search for seniors' mental health, and resources appear to focus mainly on dementia and Alzheimer disease with few content pieces related to additional information surrounding mental illness and mental health.

The CCSMH is asking for help from membership in the following ways:

- Volunteers to assist with the review of the current web content
- Volunteers to assist with the creation of frequently asked questions
- Recommendations for resource materials to be added to the CHN relating to seniors' mental illness and mental health

If you are interested in assisting with this important task during the month of December 2004, please contact Faith Malach as soon as possible (416 785-2500 ext 6331; fmalach@baycrest.org)

CCSMH RESEARCH WORKSHOP

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

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

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

- The CCSMH pre-workshop environmental scan document entitled "Pre-Workshop Survey Response Summary: Trends & Priorities in Seniors' Mental Health Research" was reviewed by all participants. Gaps and information were determined.
- Consensus was reached on major research themes pertinent for seniors' mental health
- There was agreement on principles that could be used for

setting funding priorities in the area of seniors' mental health research

- Participants identified key barriers in Canada that impact the advancement of seniors' mental health research
- Participants identified key opportunities and enablers to creating an enhanced seniors' mental health research environment in Canada
- Action planning which included identification of leads, resources required, next steps and stakeholder involvement were produced for each identified key enabler
- Unanimous agreement was reached to create the "Seniors' Mental Health Research Network" under the auspices of the CCSMH. Dr. David Hogan was nominated as chair of the new network and a subcommittee made up of Research Workshop participants will be formed to formalize the purpose, goals, objectives, budget etc for the new network.

A summary of the Research Workshop notes will be posted on the CCSMH website shortly. CCSMH member are encouraged to access the summary report and contact Faith Malach with comments at fmalach@baycrest.org. A final report with recommendations will be available for distribution by the end of January 2005.

CCSMH members interested in becoming involved with the new CCSMH Research Network should contact Faith Malach at fmalach@baycrest.org for further information.

OLDER MEN AND SUICIDE: TVONTARIO, SECOND OPINION:

Dr. David Conn, co-chair of the CCSMH, appeared on an expert panel of TVOntario's new program Second

Opinion to address the topic of older men and suicide. The segment pulled in approximately 30,000 viewers.

CCSMH STEERING COMMITTEE MEMBER ANNOUNCEMENT: RE: DR. TAYLOR ALEXANDER

It is with regret, that the CCSMH is saying goodbye to Dr. Taylor Alexander, who will be leaving his position as President and CEO, Canadian Association for Community Care; CEO, Canadian Association for Community Care Foundation at the end of December 2004. Dr. Alexander has been an active member of the CCSMH Steering Committee and will be greatly missed

for his enthusiasm and contribution to the Coalition. We wish to extend our thanks to Dr. Alexander for his dedication to the CCSMH and wish him the best of luck and much happiness during his upcoming sabbatical and continued growth within the healthcare sector. Dr. Alexander's replacement from the CACC on the CCSMH Steering Committee will be shared at a future date.

SUBMISSIONS BY CCSMH MEMBERSHIP

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

By Evelyn Bakich

In February 2000, three sites in the province of Ontario were awarded funding in support of a 3-year pilot program in response to the identified special needs of older adults. During the pilot project, the three sites worked collaboratively to develop specialized programs and population specific education/prevention resources and 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 Ontario's treatment system. This will increase the likelihood of a positive outcome for older adults with gambling related problems and reduce the stigma associated with gambling

problems.

Problem gamblers around the world are reluctant to seek treatment, and there is evidence to suggest that this is even truer for seniors. Identification of gambling problems in seniors and referral to treatment by service providers and family members tends to be low. As a consequence, many seniors struggle alone with the shame of having substantially reduced or eliminated their "nest egg".

On September 29th, 2004, The Resource Group together with the Responsible Gambling Council of Ontario, formed a partnership called the Provincial Older Adult Prevention Project and are working together to develop a prevention toolkit for service providers.

If you have any questions or comments, please feel free to contact the Chair of the Resource Group, Evelyn Bakich, at bakiche@tbh.net or (807) 343-2425 Ext. 2861.

BEST PRACTICES IN SPECIALTY GERIATRIC MENTAL HEALTH SERVICES: AN ONTARIO WORKSHOP

By Lindsay Crago

The 2004 Fall Workshop, hosted by Queen's University and Providence Continuing Care Centre-Mental Health Services, Kingston, was an "informing" success! What had been perceived in the early stages to be an opportunity to bring together a few provincial leaders in policy, service and education, was quickly transformed into a workshop with over 100 delegates and a lengthy waiting list, attesting to the increasing interest in effective health service delivery.

In addition to welcoming many key individuals responsible for the delivery and development of mental health care across Ontario, we were fortunate to have Dr. Brian Draper (UNSW), an international authority on geriatric psychiatry and WHO representative, address the morning plenary and provide delegates with a "global understanding of best practices in geriatric psychiatry."

Utilizing the Continuum developed by the Ministry of Health and Long-Term Care Advisory Committee as a foundation, delegates also participated in one of three concurrent workshop sessions which focused on three specialty services: 1) specialty inpatient and related ambulatory services; 2) rehabilitation and stabilization services; and 3) connecting community-based mental health and primary care.

Discussion in each workshop examined models of services and identified best practices which were guided by key informants and resource participants who eagerly brought their perspectives and knowledge relating to the unique aspects of concurrent disorders, multiculturalism, person-centred care and services across the Continuum.

Discourse was enhanced by the various communities of interest that the delegates represented, the collective perspectives that were offered in addition to the presence and participation of key policy leaders such as Mr. George Zegarac, ADM, Ministry of Health and Long-Term Care, Community Health Division and Mr. Geoff Quirt, ADM, Ontario Seniors' Secretariat, Ministry of Citizenship and Immigration. This was an important opportunity to have our voices heard and to help guide and move forward the implementation of Mental Health Reform in Ontario.

At this time, we continue to work with our planning partners to identify key priorities and recommendations from both service and policy perspectives which can be used in our collaborations with relevant NGOs, the Ministry of Health and Long-Term Care and the Ontario Seniors' Secretariat. Our liaison with the Canadian Coalition for Seniors' Mental Health also continues in our efforts to ensure that this workshop acts as a foundation for the National Conference in 2005 in terms of mental health services which will enrich exchange and learning from not only Ontario, but across provinces and benchmarks.

The planning committee is in the process of creating a compilation CD that will provide delegates with a list of resources, presentations and key documents which were shared and utilized at the Workshop. If you did not have an opportunity to attend the Workshop but are interested in obtaining a copy of this CD, please contact Lindsay Crago at 2LAC6@qlink.queensu.ca.

CAGP ANNUAL SCIENTIFIC MEETING - NOVEMBER 2004

By Shelly Haber

On October 18th 2004 the Canadian Academy of Geriatric Psychiatry (CAGP) held its Annual Scientific Meeting in Montréal. The meeting was held right after the Canadian Psychiatric Association Meeting. The meeting's title was "Culture and Aging." This meeting was Dr. David Conn's last meeting as President of the CAGP. Dr. Conn will continue to sit on the CAGP Board as Past President and provide the important link between the CCSMH and the CAGP. Of special importance, the Canadian Academy of Geriatric Psychiatry announced that Dr. J. Kenneth

LeClair was chosen to receive the 2004 CAGP award for Outstanding Contribution to Geriatric Psychiatry in Canada. This award recognizes a geriatric psychiatrist who has made a significant contribution to the development of geriatric psychiatry in Canada in areas of education, research &/or service delivery. Dr. LeClair was chosen by a committee of his peers. He has demonstrated commitment and innovative leadership to Geriatric Psychiatry in Canada through dedication to advocacy, public policy, education and professional development.

THE OLDER PERSONS' MENTAL HEALTH AND ADDICTIONS NETWORK OF ONTARIO (OPMHAN) ANNOUNCES A FREE MEMBERSHIP OPPORTUNITY!

By Randi Fine

Join us now!

The Older Persons' Mental Health and Addictions Network of Ontario invites you to become a Network member. Our free membership is broad-based and province-wide, and includes service providers, policy makers, older adults, family members, government and private agencies and researchers.

The Older Persons' Mental Health and Addictions Network of Ontario provides opportunities for individuals, professionals, consumers, researchers, government and private organizations to work together to improve the older adults' mental health and addictions system of care through supporting increased public awareness, networking among those older adults and family members personally impacted, and through training, education, and research.

After a great deal of soul-searching, strategizing, analyzing and reporting over the past year, we have finally completed our Strategic Analysis project funded by the Ontario Trillium Foundation. We have recently received a generous donation and our longer-term sustainability plan is in place, with several exciting projects soon to be announced. As well, we have clearly defined our goals and have committed to working in the following areas which have emerged as our collective priorities:

- Raising public awareness of older persons' mental health and addiction issues;
- Fostering the development of regional and local networks concerned about older persons' mental health and addiction issues;

- Supporting the establishment of a forum for those older adults and family members who identify as belonging to the mental health and/or addiction community and who would benefit from mutual support, information and resources;
- Encouraging and facilitating networking, training and education opportunities among provincial network members, academia and other stakeholders;
- Promoting and utilizing relevant research;
- Giving voice to key messages in support of the OPMHAN mission; and...
- Sharing our successes and best practices across Ontario and beyond.

If you are interested in improving the mental health and addiction care and services provided to the older citizens of Ontario, and wish to take an active role in the Network's activities and meet the challenges of our mission, please join us.

And for our national and international neighbours - if you wish to be kept up to date with the activities of this dynamic Network, please join us to be added to our exciting e-mail information exchange!

A growing, active, and involved membership will ensure the success of OPMHAN's mission. If you know of other individuals or organizations that would be interested in joining the Network, please pass the word on to them and encourage them to join us.

To join the Network, please request a membership form by e-mailing to rfine@sympatico.ca or phoning 416-782-1601.

WEB SITES, INITIATIVES AND STUDIES OF INTEREST

Best Practice Guidelines:

The following recently created best practice guidelines are available for viewing. For more information, visit the Registered Nurses Association website or contact Deborah Burne at Devorah.Burne@sympatico.ca

1. Screening for Delirium, Dementia and Depression in Older Adults
http://www.rnao.org/bestpractices/completed_guidelines/BPG_Guide_C3_ddd.asp

2. Caregiving Strategies for Older Adults with Delirium, Dementia and Depression
http://www.rnao.org/bestpractices/completed_guidelines/BPG_Guide_C4_caregiving_elders_ddd.asp

DETECTION OF DEPRESSION AND ANXIETY DISORDERS BY HOME CARE NURSES

Submitted by Michel Prévile

Summary

Several studies have reported that psychiatric disorders, mainly depression and anxiety disorders, were masked and undiagnosed among older adults, particularly frail elderly. This phenomenon could have a significant impact on elderly quality of life. In this study, we assessed the utility of three measures for detecting mental health disorders among frail elderly receiving home care services: (1) the PRIME-MD (Spitzer et al., 1994); (2) a standard psychological distress measure (PDI-29), and (3) the health care case manager's a priori judgment on the subject's mental health status.

Results obtained by home care nurses were compared to those obtained by clinical psychologists using a structured diagnostic interview (SCID for DSM-IV). The study was conducted in two community health service centers. During the study's period, all patients in the health care workers' case load without cognitive impairment and not reporting significant stressful life events during the six-week period preceding the interview (n=315) were asked to participate in the study.

Results showed that 42.9% of the volunteers to meet a psychologist at home (n=177) had a current SCID-IV diagnosis. The specificity of the PRIME-MD test performed by nurses was 83.8% and its sensitivity was 41.7%. The correct classification rate was 66.7%. Results indicated that the PDI-29 items showed better performance characteristics than the PRIME-MD in identifying current cases. The specificity of the PDI-29 was 59.0%

and its sensitivity was 73.6%. These results lead us to the conclusion that the PRIME-MD, previously proposed by Spitzer et al. (1994) to help physicians in primary care clinics, could be less appropriate than the PDI-29 when used by home care nurses in identifying undiagnosed mental health disorders in frail older adults living at home. Moreover, this study showed that the health care case manager's a priori judgment on the care receiver's mental health status is not sufficient in identifying frail elderly mental health services needs. In this context, a two-phase screening procedure should be used to reduce costs and prevent drawbacks for the elderly exposed to an unnecessary clinical interview with a mental health professional.

As a first step, it is proposed that the PDI-29 could be used as a screener in the nurses' standard home care follow-up visits, and, for those presenting a PDI-29 score higher than 13.7, a psychological interview could be conducted by a mental health professional to confirm the PDI-29 result. Then, in a second step, the results of the clinical interview should be communicated to the care receiver's family physician or the subject could be referred to a mental health specialist. Using this strategy, 24.3% of the frail elderly will be submitted to an unnecessary interview with a psychologist. However, 73.6% of the severe psychological distress cases will be detected.

Detection of depression and anxiety disorders by home care nurses. M.Prévile, G. Côté, R. Boyer, R. Hébert, *Aging & Mental Health*, September 2004; 8(5):400-409.

CONFERENCE WATCH!

Ontario Psychological Association: Innovation Through Collaboration: Building An Agenda for Psychology
February 24-26 2005, Toronto www.psych.on.ca

Alzheimer Society of Canada 27th National Conference
April 7-9, 2005 Regina, Saskatchewan www.alzheimer.ca

24th Annual OGA Conference
April 8-9, 2005, Toronto www.ontgerontology.on.ca

National Best Practices Conference: Focus on Seniors' Mental Health
September 26th -27th 2005, Ottawa www.ccsmh.ca

MEMBERSHIP

The CCSMH currently has well over 400 individual and 75 organizational members. Membership is free. 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 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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NEUROSCIENCE


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