



Canadian Coalition for Seniors' Mental Health



Mental Health Issues in Long-Term Care Homes: a guide for seniors and their families



Based on the Canadian Coalition for Seniors' Mental Health (CCSMH) *National Guidelines for Seniors' Mental Health: The Assessment and Treatment of Mental Health Issues in Long-Term Care Homes (Focus on Mood and Behaviour Symptoms)*.

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Disclaimer: This guide is intended for information purposes only and is not intended to be interpreted or used as a standard of medical practice.

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A full list of references is available at www.ccsmh.ca

Introduction

We're very glad you picked up this booklet. Canadians are not only living longer but also staying healthy and independent longer than ever before. We want all older adults – and their family members – to have high-quality information about health issues that might affect them. We believe that with this information, older adults will be empowered to make informed decisions about their health care and build effective relationships with their health care providers.

What is the Canadian Coalition for Seniors' Mental Health?

The Canadian Coalition for Seniors' Mental Health (CCSMH) started in 2002 to **promote the mental health of seniors by connecting people, ideas and resources**. Members of the CCSMH are organizations and individuals who represent seniors, family members and informal caregivers, health care professionals, researchers and policy makers.

In 2006, the CCSMH created the first set of national guidelines on seniors' mental health based on the most current research. These guidelines were written for health care professionals who work with older adults. They recommend ways to improve the assessment, prevention, treatment and management of key mental health problems for older adults: mental health issues in long-term care homes, depression, suicide and delirium. This booklet is part of a series that covers the same topics for seniors, their family members, and others who care about them.

The CCSMH will happily provide these resources on request. Call 416-785-2500, ext. 6331, or visit www.ccsmh.ca to download them at no cost.

Mental health problems are NOT a normal part of aging

Many people think that mental health problems are just a normal consequence of aging. This simply isn't true. Difficulties with mood, thinking and behaviour are not an inevitable part of aging. Nor are they signs of personal weakness. They are usually signs that something is wrong that requires attention from a health care professional.

Some people may argue that there is no point investigating these problems in older adults because these problems can't be fixed. Some problems associated with aging cannot be cured *yet*, but there is still a lot that can be done. Mental health problems can be treated.

Older adults experiencing changes in their mood, thinking and behaviour may not be aware of the changes that are taking place, may misunderstand the nature of the changes, or may be ashamed of the idea that they're developing "mental health problems." Family members may misunderstand and think that these changes are normal parts of aging, aspects of their relative's personality or signs of personal weakness, and they may not know how best to help.

We hope this guide will help inform older adults and their families about what they can do if they have mental health concerns.



Who should use this guide?

This guide will help the family members of an older adult living in a long-term care facility. It will also help older adults who are preparing to move to one. It gives information about mental health issues that are common among residents of long-term care homes and suggests strategies to improve their quality of life.

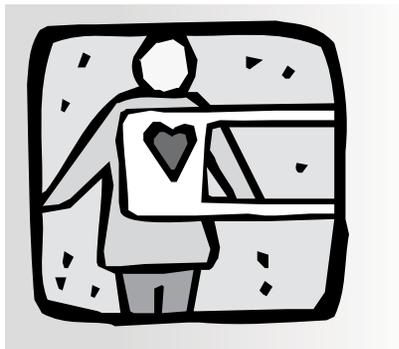
Definitions

Ageism is a way of thinking about older people based on negative attitudes and stereotypes about aging. Ageism can lead to age discrimination – treating people in an unequal fashion because of their age. Age discrimination can negatively affect older adults in all aspects of life.

Mental health is the capacity of each person to feel, think and act in ways that allow them to enjoy life and deal with all the challenges they face.

The terms “**seniors**” and “**older adults**” are used in this guide to refer to individuals over the age of 65.

Stigma is defined as a mark of shame or disgrace. It often involves stereotypes, hurtful words and discrimination. Stigma around mental health is often based on society’s misunderstanding and lack of knowledge about mental health problems. Many people living with mental health problems say that society’s negative reactions to them can be worse than the illness itself. Because of the stigma of mental health problems, many people don’t seek – or receive – the health care they need.



Delirium is a confusional state. This means that people with delirium are disoriented, with an altered level of consciousness and trouble understanding the environment. Delirium develops *quickly* over a period of hours or days. The symptoms of delirium may come and go and are often worse at night. Delirium is a medical emergency caused by difficulties in brain functioning.

All three of these conditions can occur at the same time. It helps to understand the differences between these conditions so that you can identify them and get the proper help right away.

Dementia is an illness characterized by the loss of intellectual abilities that is severe enough to interfere with a person’s ability to function. Dementia results in changes in the way the person thinks, feels and behaves, along with memory impairment. It tends to develop slowly over a period of months or years and progresses over time. Alzheimer’s disease is an example of dementia.

Depression can cause people to feel persistently low in spirits and lose interest in things that used to give them pleasure. This is sometimes triggered by stressful events in a person’s life that impact their state of mind, their health, or their ability to connect with other people. However, sometimes it can happen for no apparent reason. When a person is severely (i.e. clinically) depressed, the chemicals in his or her brain may be out of balance. Other symptoms often include sleep and appetite changes and anxiety.

What are long-term care homes?

In this guide, “long-term care homes” refer to any residences for older adults who need assistance with daily activities and require skilled nursing care on a daily basis. Long-term care homes are also called “nursing homes,” “personal care homes” or “complex care facilities.”

In Canada, the provinces and territories are responsible for long-term care. As a result, long-term care services and facilities vary across the country.

Who lives in long-term care homes?

Older adults who live in long-term care homes often have disabilities. They need a lot of care and assistance with daily activities.

Most residents of long-term care homes also have some type of mental health problem. Research shows that more than half of residents may have dementia and other cognitive impairments. Some residents in long-term care homes may also suffer from depression and psychosis.

People with dementia may have some of the following behavioural symptoms:

- Agitation
- Aggression
- Wandering
- Shouting
- Repetitive or bizarre behaviour
- Making rude or hurtful comments
- Sexually inappropriate behaviour

Alzheimer’s disease is the most common form of dementia. For more information, go to www.alzheimer.ca

Promoting health in long-term care homes

The staff in long-term care homes provide residents with:

- The general care residents require for activities of daily living.
- The care that is needed to manage and treat mood and behavioural symptoms.

The following principles promote the mental health of residents with mental illness. They also promote the general health and well-being of all residents in long-term care:

- Residents should receive **personalized care**. Whenever possible, care should be based on the directions and preferences of the resident.
- Families should be considered **partners in care**.
- Care should focus on the **resident’s strengths** and minimize the impact of his or her limitations.
- Care should **take into account the physical, mental, social and spiritual needs** of the resident.
- Staff should receive **ongoing education and training** to provide care to residents.
- A **supportive and helpful environment** should be created that responds to the resident’s changing needs.
- **Strategies to prevent mental illness** should be built into programming and included in training programs for staff and families.

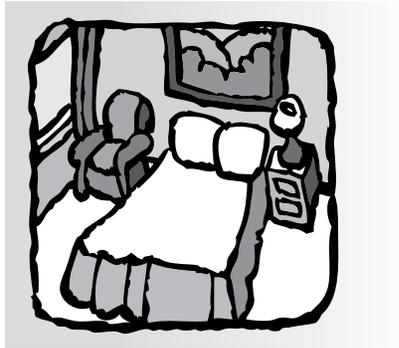
If you, or someone you know, has a concern about the way care is being provided, you can use this guide to help start a conversation with staff. All long-term care homes are also required to post a complaint procedure.

General care in long-term care homes: activities of daily living

Activities of daily living include tasks like bathing, getting dressed, going to the bathroom, and eating. If an older adult is no longer able to do these things independently, this can lead to a decision to move into a long-term care home.

Older adults who have physical or mental health problems may not be able to perform these daily activities like they used to. They may become agitated, restless or even aggressive. This can be an expression of an unmet need. They may be hungry or in pain or need to use the bathroom.

It is easy to understand why people who are not having their basic needs met may act out. Even if a person's needs are being met, it's understandable that they may feel uncomfortable about the way things are being done.



It can be very hard for family members to watch someone they care for become agitated or aggressive. The good news is that family members can help. An **individualized care plan** is created for each long-term care resident. Family members can tell staff about the older adult's routines and care patterns before the relative moves into a long-term care home. Sharing this type of information with staff can greatly improve the care that is delivered. This is especially important for older adults who are unable to express themselves verbally. Family members can help create the individualized care plan by completing the form on the next page.

Information about my family member:

Do they have a dementia? Yes No Not sure

If yes, please describe: _____

Are they depressed? Yes No Not sure

Have they been delirious before? Yes No Not sure

Do they have a new illness(es)? Yes No Not sure

If yes, please describe: _____

Doctor's name: _____

Doctor's phone number: _____

List all medications (prescribed, over-the-counter, and any herbal remedies): _____

Behavioural symptoms:

- | | |
|--|---|
| <input type="checkbox"/> agitation | <input type="checkbox"/> shouting |
| <input type="checkbox"/> aggression | <input type="checkbox"/> making rude or hurtful comments |
| <input type="checkbox"/> wandering | <input type="checkbox"/> sexually inappropriate behaviour |
| <input type="checkbox"/> repetitive or bizarre behaviour | <input type="checkbox"/> other _____ |



Information about my family member:

How were these symptoms managed in the past? _____

Social history:

Marital status: _____

Where do family members live: _____

Religion / faith: _____

Country of birth: _____

First language: _____

Other: _____

Personal preferences:

	Likes	Dislikes
Food	_____	_____
Activities	_____	_____
Music	_____	_____
Other	_____	_____

Describe their daily routines: (housekeeping, meal preparation, social contacts, hygiene, etc.)

What is important to them?

Understanding mental health problems in long-term care residents

All residents should be screened for depression and reasons for changes in behaviour shortly after they move to the long-term care home. Screening also occurs on a regular basis (annually) and in response to any significant changes, like the death of a spouse, or when a resident loses the ability to do their usual activities.

Screening is done to detect symptoms so that they can be investigated and to ensure that prevention methods are maintained. Families may be involved in the screening process, especially if a resident is unable to speak for themselves. As partners in care, family members should feel comfortable speaking with the long-term care staff. If family members notice changes in their relative's mood and behaviour, this should prompt a re-screening.

If the screening shows that the older adult might be depressed, a more detailed investigation should occur. This can involve a review of the older adult's medical history, a physical exam and laboratory tests. The purpose of this detailed investigation is to look for any other conditions that may impact the resident's mood and behaviour, such as a medical disorder causing a delirium, dementia or depression.

Focusing on what the resident is still able to do, instead of what they can no longer do, can help to improve their quality of life.

Changes in the social environment of a long-term care resident can affect their mood and behaviours. Such changes may include:

- Changes in the family situation
- New stressors or situations, like a change in staffing at the home
- Changes in patterns and schedules
- Changes in the physical environment, such as a change in rooms

If you are a family member of a long-term care resident and you are aware of any changes in the social environment of your relative (especially changes that may be happening outside of the long-term care home, like an illness in the family), it may help to share this news with a staff member.



Treating depression in older long-term care residents

If a resident in long-term care has demonstrated certain symptoms (such as a change in mood, feelings of sadness that won't go away, a loss of appetite, lost interest in things they used to enjoy, among other symptoms), he or she may be diagnosed with depression. Depression is very common among long-term care residents. Some research shows that up to 40% of residents may be experiencing symptoms of depression.

Although depression is common among older adults, it is important to remember that **depression is NOT a normal part of aging**. Symptoms can be treated in almost all cases!

The resident's treatment plan should be created based on the type of depression and how severe it is. Treatment should include lifestyle changes and social support and may include the use of medication.

More information on depression is available in the **CCSMH Depression in Older Adults: a guide for seniors and their families**. Visit www.ccsmh.ca or call 416-785-2500, ext. 6331, to get a copy.

Improving lifestyle and social supports

Health care providers, family and volunteers can provide psychosocial support for long-term care residents. Psychosocial support refers to the creation of a supportive environment where practical and emotional support is offered. This type of support can improve the older adult's mood and behaviour.

The chart below shows different types of support that some long-term care residents have found useful. It is important to remember that not all activities will be effective or welcomed by all residents. Support should be tailored to the needs and wishes of the individual resident.

Goal of care	Activities to consider
Reduce symptoms of depression	<p>Opportunities to meet, talk and socialize with others</p> <ul style="list-style-type: none"> • Weekly visits from family or a volunteer • Spiritual care from a minister, rabbi or other faith leader • Supportive therapy
Engage resident	<p>Structured, meaningful recreational activities</p> <ul style="list-style-type: none"> • Recreation based on the resident's interests and abilities (like baking, music and discussing current events) • Appropriate exercise

Counselling and therapy can also reduce the symptoms of depression and increase a person's sense of self-worth and overall well-being. Therapy should always be provided by a trained specialist.

Each resident is unique. It's important to offer support in a spirit of collaboration and respect.

What about residents who have depression and dementia?

It is common for residents who have dementia to also show symptoms of depression, and vice versa. When treatment strategies are being considered, it is important to think about the resident's ability to understand and their willingness to engage in activities. This will help avoid unintended agitation and distress.

Since dementia worsens over time, it's important to be flexible. An activity that reduced the symptoms of depression in the past may no longer work. Various strategies may be used for residents with both dementia and depression. Most are one-on-one activities. Some examples include:

- Supportive therapy
- Playing a recording (for example, a CD or DVD) of positive experiences from the resident's life and shared memories involving family and friends
- Physical activity
- Prompting personal memories about relationships, family, work and life accomplishments (this might happen during meal times)



Medication

An older adult and health care provider may decide on medication as a way of treating depression. For older adults with depression who live in long-term care homes, antidepressants are the medication of choice. It is often best if antidepressants are used along with a combination of lifestyle improvements and social supports. More information on the different types of medications used to treat depression in older adults can be found in the CCSMH depression guidelines.

Treating behavioural symptoms in older long-term care residents

Treating the behavioral and psychological symptoms of dementia is an ongoing challenge, but research is showing that certain things can be done to improve these symptoms.

Behaviours that are inappropriate and disturbing, disruptive or potentially harmful to the resident or others require attention. Most often these behaviours are a result of a decline in the person’s cognitive abilities. These behaviours can be addressed by improving the person’s lifestyle and social supports and, if necessary, by taking medication. Before deciding if the behaviour is due to dementia, it is important for the health care provider to find out if any medical causes (like an infection, new medication and/or depression) are the main reason for the change in mood or behaviour.

Improving lifestyle and social supports

The chart shows different types of support that some long-term care residents have found useful. It is important to remember the general principles for individualized care planning in long-term care homes. Not all activities will be effective or welcomed by all residents.

Goals of care	Activities to consider
Minimize sensory deprivation and social isolation Provide distraction and physical contact Promote relaxation	Social contact <ul style="list-style-type: none"> • One-to-one activities like talking and singing • Watching family videos • Companion animals

Goals of care	Activities to consider
Reduce behavioural symptoms Stimulate the senses Enhance relaxation	Sensory stimulation / relaxation <ul style="list-style-type: none"> • Music • Snoezelen (a sensory room) • Aromatherapy • Bright light therapy • White noise • Massage and touch
Engage the resident	Structured, meaningful recreational activities <ul style="list-style-type: none"> • Sewing • Sorting and folding laundry • Cooking • Setting the table • Outdoor gardening • Walking programs • Physical group activities
Manage behaviours that may be disturbing, disruptive or potentially harmful	<ul style="list-style-type: none"> • Reinforcing quiet behaviours • Compliments, soothing speech, praise and food, which may serve as rewards • Distraction techniques • Individualized behaviour therapy (with a trained specialist)

Medication

Psychosocial support should be considered the first approach to relieving behavioural symptoms. There may be some cases, however, where medications will be used in combination with some of the strategies listed in the chart on pages 15 and 16.

Whenever a new medication is started, it is important to carefully examine the risks. When appropriate, some residents may be prescribed an antipsychotic medication to help reduce severe behavioural symptoms. There are some risks associated with antipsychotic use by people with dementia so an antipsychotic should be used sparingly and the health care team should monitor its effects. Other types of medication can also be used to reduce behavioural symptoms.

Some behaviours are unlikely to change as a result of medication. These include:

- Unsafe wandering
- Exit-seeking behaviours (trying to leave the facility)
- Excessive noisiness

These behaviours are best addressed through psychosocial supports.



What role can family members play in long-term care?

Family members should be **partners in care** for residents in long-term care.

If you are the family member of a long-term care resident, **share information with staff about your relative's past routines and preferences when your relative is admitted** (the form on page 8 might help). This can help promote their mental health and improve their quality of life.



It might be difficult for an older adult who doesn't speak English as a first language to communicate with a health care provider about their symptoms and treatment options. Cultural or religious beliefs may also make it difficult to talk openly about mental health issues. Family members can **help bridge the communication gap between their relative and the health care provider**.

When your relative moves into a long-term care home, **learn as much as possible about the facility and the care your relative will receive**. Ask for a copy of their Resident Handbook. It will describe the home's policies about daily care and activities. Ask about orientation meetings or additional educational materials.

Be an advocate for your family member. Don't be afraid to ask questions about the care that is being provided.

Visit your older relative frequently. Socializing is very important and staff often can't find the time to sit and talk with each resident. Encourage other family members and friends to visit too. It might be best to have one-on-one visits instead of everybody coming at once (which can be overwhelming for an older adult). Even a 15-minute visit can be beneficial.

If you want to help care for your family member once they've moved into the long-term care home, discuss your interest with the Director of Care or the recreational therapist. You can **learn how to provide safe, effective care in the new environment**, like helping at mealtimes. You can also get involved with some of the social activities, where appropriate.

Build relationships with the staff who are caring for your older relative. Seek out the nurse on duty and take five minutes to get to know him or her as well as other members of the team. You'll likely see the same people each time you visit. Let them know that you've spent time with your family member so they can include it in their notes. If you notice any changes in your relative, let the staff know. This two-way communication can be helpful for both you and the staff team.

Most long-term care homes have **Family Councils** which are venues for family members to meet with staff to discuss the daily operations and programming for residents. The councils give family members the chance to work with staff. This is one way family members can bring forward comments, complaints and compliments.

Long-term care homes are also required to hold **yearly interdisciplinary care reviews**. Family attendance is encouraged.

If you have concerns about the mental health care that is being provided at a long-term care home, you can also **speak with the Director of Care**. You may find it helpful to refer to the information in this guide.



A final note about living well & aging well

Health and well-being is a journey from birth, through childhood and into old age. Many different things impact our mental and physical health – our age, genetics, lifestyle and access to health services – and that's just for starters. We can't control everything, but we can make choices at every stage of our lives to protect and improve our mental and physical health.

Here's a list of things you can do at any age to live well:

- Eat healthy foods in healthy amounts
- Be physically and mentally active
- Get rest
- Manage your stress
- Don't smoke
- If you drink alcohol, drink only in moderation
- Get involved with things that interest you
- Spend time with people – family, friends, members of your community
- Follow the advice of your health care team
- Ask for help when you need it



If you are a family caregiver, caring for yourself is one of the most important things you can do. When your needs are taken care of, the person you care for will benefit too.

Additional resources

In addition to this family guide, the **Canadian Coalition for Seniors' Mental Health (CCSMH)** has produced three other booklets for seniors and their family members on the topics of depression, delirium, and suicide prevention. These booklets were based on the CCSMH national guidelines for seniors' mental health that were created for health professionals.

Phone: 416-785-2500 ext. 6331

Website: www.ccsmh.ca

The **Alzheimer Society of Canada** provides support, information and education to people with Alzheimer's disease, families, physicians and health care providers.

Phone: 1-800-616-8816 (toll free) or 416-488-8772

Website: www.alzheimer.ca

The **Canadian Mental Health Association (CMHA)** is a nation-wide, charitable organization that promotes the mental health of all and supports the resilience and recovery of people experiencing mental illness. To locate a CMHA office near you, contact the head office in Ottawa or visit the CMHA website.

Phone: 613-745-7750

Website: www.cmha.ca

Certain long-term care homes may have access to geriatric mental health outreach teams, psychiatrists and/or psychogeriatric resource consultants. Your local Director of Care will also be able to tell you about additional resources.



The way long-term care is delivered in Canada varies from province-to-province. Call your local long-term care association or provincial/territorial ministry of health to find out what other resources are available in your area.

Provincial Long-Term Care Associations

Alberta Continuing Care Association

Phone: 780-435-0699

Website: www.ab-cca.ca

BC Care Providers Association

Phone: 604-736-4233

Website: www.bccare.ca

Long Term Care Association of Manitoba

Phone: 204-477-9888

Website: www.ltcam.mb.ca

The New Brunswick Association of Nursing Homes

Phone: 506-460-6262

Website: www.nbanh.com

Nova Scotia Association of Health Organizations

(has a continuing care section that represents long-term care homes and complex care)

Phone: 902-832-8500

Website: www.nsaho.ns.ca

Ontario Association of Non-Profit Homes and Services for Seniors

Phone: 905-851-8821

Website: www.oanhss.org

Ontario Long Term Care Association

Phone: 905-470-8995

Website: www.olca.com

Provincial and Territorial Ministries of Health

Alberta Health and Wellness

Phone: 310-0000 (toll-free in Alberta)
then dial 780-644-8428 for Continuing Care
Website: www.health.alberta.ca

British Columbia Ministry of Health Services

Phone: 250-387-6121 (in Victoria)
604-660-2421 (in Vancouver)
1-800-663-7867 (toll-free elsewhere in BC)
604-660-2421 (from outside BC)
Website: www.gov.bc.ca/health

Manitoba Health

Phone: 1-888-315-9257 (toll-free) or
204-788-8200 (in Winnipeg)
Website: www.gov.mb.ca/health

New Brunswick Department of Health

Phone: 506-457-4800
Website: www.gnb.ca/0051/index-e.asp

Newfoundland and Labrador Department of Health and Community Services

Phone: 709-729-4984
Website: www.health.gov.nl.ca/health

Northwest Territories Department of Health and Social Services

Phone: 1-800-661-0830
Website: www.hlthss.gov.nt.ca

Nova Scotia Department of Health

Phone: 1-800-387-6665 (toll-free in Nova Scotia) or
902-424-5818
Website: www.gov.ns.ca/health

Nunavut Department of Health and Social Services

Phone: 867-975-5708
Website: www.gov.nu.ca/health

Ontario Ministry of Health and Long-Term Care

Phone: 1-800-268-1153 (toll-free) or 416-327-4327
Website: www.health.gov.on.ca

Prince Edward Island Department of Health

Phone: 902-368-6130 (general inquiries)
Website: www.gov.pe.ca/health

Quebec Ministry of Health and Social Services

Phone: 418-644-4545 (Quebec City area)
514-644-4545 (Montreal area)
1-877-644-4545 (toll-free elsewhere in Quebec)
Website: www.msss.gouv.qc.ca/en

Saskatchewan Ministry of Health

Phone: 1-800-667-7766 (toll-free in Saskatchewan) or
306-787-0146
Website: www.health.gov.sk.ca

Yukon Health and Social Services

Phone: 1-800-661-0408 (toll-free in Yukon)
Website: www.hss.gov.yk.ca

(information accurate at time of printing)



Local resources

Use this area to record contact information for organizations and support services in your region.

Local resources

The CCSMH would like to acknowledge the continued dedication of its Steering Committee members:

Canadian Academy of Geriatric Psychiatry (chair)

Alzheimer Society of Canada

Canadian Association of Social Workers

Canadian Caregiver Coalition

Canadian Geriatrics Society

Canadian Healthcare Association

Canadian Mental Health Association

Canadian Nurses Association

Canadian Pensioners Concerned

Canadian Psychological Association

Canadian Society of Consultant Pharmacists

College of Family Physicians of Canada

Public Health Agency of Canada (advisory)



Canadian Coalition for Seniors' Mental Health



The mission of the **Canadian Coalition for Seniors' Mental Health** is to promote the mental health of seniors by connecting people, ideas and resources.

To find out more about the CCSMH, visit **www.ccsmh.ca** or call 416-785-2500 ext. 6331.

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