Canadian Coalition for Seniors’ Mental Health
&
Canadian Academy of Geriatric Psychiatry

2012 Joint Conference

Celebrating the Past, Present & Future of
Seniors’ Mental Health

September 21-22, 2012 | Banff Centre, Banff, Alberta
We would like to acknowledge the support of the following sponsor:

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Welcome to Banff! On behalf of Council and the Town of Banff, it is with great pleasure to welcome the delegates attending the Canadian Academy of Geriatric Psychiatry/Canadian Coalition for Seniors’ Mental Health Conference to our beautiful town. Events such as this play a very important role in our Community and we are delighted that you have chosen Banff as the destination to host your Conference.

An outstanding setting is only a part of what Banff has to offer visitors. It has a rich history, character and quality of life found nowhere else in the country. From outdoors to opera, there truly is something for everyone. And to top it off, Banff still has the relaxed friendliness distinctive to small towns. I hope that during your time here you will take some time to experience some of the features that make Banff such a special place!

Best wishes for a successful 2012 CAGP/CCSMH Conference and an enjoyable stay in our town.

Yours truly,

Karen Sorensen, Mayor
September 21, 2012

Dear Conference Delegate,

Welcome to the Canadian Coalition for Seniors' Mental Health (CCSMH) and Canadian Academy of Geriatric Psychiatry (CAGP) 2012 Joint Conference, “Celebrating the Past, Present & Future of Seniors’ Mental Health.” The CAGP is pleased to be collaborating once again with the CCSMH to bring you this lively and interactive program.

We would like to thank you for your attendance and for your continued support of the CAGP. We welcome all of our combined members and new participants to this event. We also want to thank all of our speakers for the generous time and effort they have put into their participation for this event.

Gaining up-to-date knowledge, exchanging ideas and networking with colleagues from across Canada is our goal for you at this event. In addition you will be networking with professionals from different disciplines from across Canada, all with an interest in the mental health of seniors’ and what the future may hold as this population is expected to grow.

Last but not least, we wish to acknowledge and thank our generous sponsors and supporters, whose support for this event has been a key contributor to our ability to provide you with what we hope will be a valuable conference experience.

We invite you to visit them in KC300 Galleria.

We hope you enjoy this event and look forward to your feedback.

Sincerely,

Zahinoor Ismail MD FRCPC
Board Member & Annual Scientific Meeting Chair
CAGP

Kiran Rabheru MD FRCPC
President
CAGP
September 21, 2012

Dear Conference Delegates,

Welcome to Banff! We’re thrilled to have you with us at the Joint CCSMH / CAGP 2012 Conference. Our conference theme this year, “Celebrating the Past, Present, & Future of Seniors’ Mental Health” is partially in recognition of the fact that the CCSMH is celebrating its 10th Anniversary this year! We’re so excited to have the chance to celebrate this milestone with you.

As you know, this year we are partnering with the Canadian Academy of Geriatric Psychiatry (CAGP) for this national meeting. This partnership has created an exceptional program with a rich diversity of presentations, which we know you’ll enjoy! In bringing our two memberships together it also creates a unique opportunity for collaboration, knowledge sharing, and for further building of the seniors’ mental health community. We hope you take advantage and enjoy the opportunity to meet with your colleagues and fellow champions in seniors’ mental health from across the country!

We want to acknowledge the Conference Committee, the CCSMH Steering Committee, and the CAGP Board and staff for their hard work leading up to this conference. We also most thank our generous sponsors, whose support for this event has been vital and allowed us to provide for you what we hope will be a valuable two days.

And finally, thank you again for joining us in Banff! We hope you enjoy not only this wonderful program but also the incredible sights and scenes that this town has to offer. We sincerely appreciate your ongoing commitment to the CCSMH and look forward to seeing you onsite!

Here’s to another 10 years!
Best wishes,

David Conn
CCSMH Co-Chair

Ken Le Clair
CCSMH Co-Chair

Kim Wilson
Executive Director

C/o Baycrest, 3560 Bathurst Street, Room 311, West Wing, Old Hospital, Toronto, ON M6A 2E1 • 416-785-2500 x6331 • Fax 416-785-2492 • www.ccsmh.ca
General Conference Information

Accreditation

- **RCPSC**: This event is an accredited group learning activity (section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, approved by the Canadian Psychiatric Association. Participants may claim 1 credit per hour of attendance at the accredited sessions. Certificates of attendance will be emailed to all attending delegates that have requested one.

  The specific opinions and content of this event are not necessarily those of the CPA, and are the responsibility of the organizer(s) alone.

- **CFPC**: This program has been accredited by The College of Family Physicians of Canada and the Alberta Chapter for up to 9.5 Mainpro-M1 credits.

Policy on Disclosure Declaration

Various policies on disclosure declaration exist across the country. Therefore, in order to be inclusive of all policies, speakers are required to fill out a disclosure form stating any financial affiliations (within the last two years) with any commercial organization(s), regardless of its connection to the topics discussed or mentioned during this activity.

Badges and Admittance

Conference attendees must wear their name badge at all times. Attendees will not be permitted access to the keynote addresses, paper sessions, workshops and breaks without a conference name badge. Meals served in the Vistas Dining Room require a meal ticket, which will be distributed with your name badge.

Disclaimer

The information contained in this program is correct at the time of printing. The CAGP and CCSMH accept no liability for any individuals attending the 2012 Joint Conference: Celebrating the Past, Present, & Future in Seniors’ Mental Health or any claims that may result from the use of information; techniques; products and/or services discussed at this conference; any injuries/losses incurred by participants and/or accompanying persons; nor loss of or damage to any luggage and/or personal belongings.

Cancellation Policy

Cancellations will only be accepted on or before August 20th, 2012. No credits or refunds will be given for cancellations received after this date. Substitutions may be made at any time. No liability is assumed by CAGP or CCSMH for changes in program date, content, speakers, venues or cancellation of the event.
CCSMH / CAGP Joint Conference Learning Objectives

1. To review the evolution in care of seniors' mental health in Canada.
2. To discuss current diagnostic and therapeutic approaches for mental health issues including depression, anxiety, dementia and psychosis in late life.
3. To explore future directions in approaches to seniors' mental health in Canada.

About the CAGP

The Canadian Academy of Geriatric Psychiatry (CAGP) is a national organization of psychiatrists dedicated to promoting mental health in the Canadian elderly population through the clinical, educational, and research activities of its members.

The CAGP is a member of the Council of Academies of the Canadian Psychiatric Association. The organization has an Executive, Board and supporting committee structure. There are approximately 200 current members. The CAGP is committed to a number of activities that supports its current and future membership as well as their clients.

For more information please visit www.cagp.ca

About the CCSMH

The Canadian Coalition for Seniors' Mental Health (CCSMH) is an interdisciplinary national coalition with a mission to promote the mental health of seniors by connecting people, ideas, and resources. The CCSMH was created by the CAGP in 2002 after a national symposium focusing on mental health services in long term care homes.

The CCSMH has two co-chairs from the Canadian Academy of Geriatric Psychiatry and a steering committee of twelve organizations representing healthcare providers, consumers, family and caregivers, and policy makers. There are approximately 2,500 current members of the CCSMH.

For more information please visit www.ccsmh.ca

Language

This years meeting will be delivered in English only.

Location

The Banff Centre
107 Tunnel Mountain Drive  Banff
Alberta Canada T1L 1H5
Special Thanks to the 2012 Joint Conference Committee
Zahinooor Ismail, MD FRCPC, University of Alberta  Co-Chair (CAGP)
Kim Wilson, Canadian Coalition for Seniors’ Mental Health  Co-Chair
Kiran Rabheru, MD FRCP, University of Ottawa & British Columbia (CAGP)
David Conn, MD FRCP, University of Toronto (CAGP & CCSMH)
Ken Le Clair, MD FRCP, Queen’s University (CCSMH)
Corinne Fischer, MD FRCP, University of Toronto (CAGP)
Marla Davidson, BSc, MD, FRCPC, University of Saskatchewan (CAGP)
Mark Rapoport MD FRCP, University of Toronto (CAGP)
Francois Visser, MBChB CCFP (CAGP)
Leya Duigu, Account Coordinator, CAGP

2012 Student Chairs
Holly Dornan, MD, University of Ottawa (CAGP)
Andrea Iaboni, MD DPhil FRCPC, University of Toronto (CAGP)

Additional Support Staff: Olga Kasjanova

Acknowledgements

We wish to thank the following individuals for their time and dedication to ensuring the success of the conference:
- CAGP Executive and Board Members
- CCSMH Steering Committee Members
- Dr. Ken Shulman – keynote speaker
- Dr. David Hogan – keynote speaker
- Symposium, paper, poster and workshop presenters
- Olga Kasjanova and the TO Corporate Services Team
- Ainsley Snowe
- Jodi Burke and Nathalie Gosselin at the Banff Centre
- The Conference Sponsors and Supporters
- The many volunteers who assisted with conference planning and tasks
## Program At A Glance

### Friday September 21st, 2012

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<td>7:00 – 8:30 a.m.</td>
<td>Registration Open</td>
<td>Kinnear Centre (KC)</td>
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<td>7:00 – 8:30 a.m.</td>
<td>Breakfast Available</td>
<td>Vistas Dining Room</td>
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<tr>
<td>8:30 – 9:00 a.m.</td>
<td>Welcome &amp; Opening Remarks</td>
<td>KC 201-203</td>
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| 9:00 – 10:00 a.m. | **Keynote Address:** Dr. Kenneth Shulman  
*Geriatric Psychiatry: Reflections on its origins and speculation about its future* | KC 201-203             |
| 10:00 – 10:30 a.m. | Break                                                                    | KC Level 300           |
| 10:30 – 12:00 p.m. | Paper & Symposium Block #1                                                | KC Rooms 201, 205, 301, 303, 305 |
| 12:00 – 1:30 p.m. | Lunch                                                                    | Vistas Dining Room     |
| 1:30 – 3:00 p.m. | Symposium & Paper Block #2                                                | KC Rooms 201, 205, 301, 303, 305 |
| 1:30 – 4:30 p.m. | ECT Course #1 – Pre-Registration Required                                 | Max Bell Auditorium    |
| 3:00 – 3:30 p.m. | Break                                                                    | KC Level 300           |
| 3:30 – 5:00 p.m. | Symposium & Paper Block #3                                                | KC Rooms 201, 205, 301, 303, 305 |
| 5:00 p.m.      | Program Adjourned                                                         |                         |

### Saturday September 22nd, 2012

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| 9:00 – 10:00 a.m. | **Keynote Address:** Dr. David Hogan  
*What’s New in Bordertown - Dementia, Delirium, and Depression in Medically Ill Older Patients* | KC 201-203             |
| 10:00 – 10:30 a.m. | Break                                                                    | KC Level 300           |
| 10:30 – 12:00 p.m. | Workshop Block #1                                                         | KC Rooms 201, 205, 301, 303, 305 |
| 10:00 – 1:00 p.m. | ECT Course #2 – Pre-registration required                                 | Max Bell Auditorium    |
| 12:00 – 1:30 p.m. | Lunch                                                                    | Vistas Dining Room     |
| 1:30 – 2:30 p.m. | CCSMH & CAGP Awards Ceremony  
CAGP Resident Award Presentations | KC Rooms 201-203            |
| 2:30 – 3:00 p.m. | Break                                                                    | KC Level 300           |
| 3:00 – 4:30 p.m. | Workshop Block #2                                                         | KC Rooms 201, 205, 301, 303, 305 |
| 4:30 p.m.      | Program Adjourned                                                         |                         |
| 4:30 – 5:30 p.m. | CAGP AGM                                                                  | KC 203                 |
Conference Program – Friday September 21st 2012

8:30 a.m. – 9:00 a.m.  Welcome & Opening Remarks  KC 201-203

Greetings from the CAGP:
Zahinoor Ismail, MD FRCPC, University of Alberta, Conference Co-Chair (CAGP)

Greetings from the CCSMH:
Kimberley Wilson, PhD(c), MSW, Executive Director, Canadian Coalition for Seniors’ Mental Health

9:00 – 10:00 a.m.  Keynote Address  KC 201-203

Geriatric Psychiatry: Reflections on its origins and speculation about its future

Dr. Kenneth I. Shulman - Professor, Department of Psychiatry, Sunnybrook Health Sciences Centre, University of Toronto

Dr. Shulman graduated from the Faculty of Medicine, University of Toronto in 1973 and did postgraduate training in Psychiatry at the University of Toronto. He then went on to do specialty training in Geriatric Psychiatry in London, England and he completed a Master of Science in Health Policy and Management at the Harvard School of Public Health. He has been based at Sunnybrook Health Sciences Centre, University of Toronto.

Dr. Shulman was formerly the Director of the Division of Geriatric Psychiatry at the University of Toronto. For ten years he served as Psychiatrist-in-Chief at Sunnybrook and Vice-Chair, Clinical Affairs of the University of Toronto, Department of Psychiatry. He is the inaugural recipient of the Richard Lewar Chair in Geriatric Psychiatry and in 2004 was appointed Chief of the Brain Sciences Program at Sunnybrook.

10:00 – 10:30 a.m.  Break  KC 300 Foyer

Poster Viewing  KC 304 & 306

Option Chair Yoga Demonstration  KC 301
Annette Wertman, BMus, MTA, MA (Cand.)
Registered Music Therapist and Certified Yoga Instructor
## 10:30 – 12:00 p.m.  Paper & Symposium Block #1

| Symposium: Crisis Plus: Serving the Older Adult in Crisis  
| Robin Hurst, Mary Compton, Adam Smith | KC 201 |

| Symposium: Psychosis in Alzheimer’s Disease  
| Corinne Fischer, Zahinoor Ismail, Benoit Mulsant | KC 205 |

### Concurrent Paper Session
1. Supporting Caregivers of Older Adults through Service Provision & Policy  
   Development: Experiences of Using the Caregiver Toolkit  
   Penny MacCourt, Dawn Hemmingway, Marian Krawczky
2. Re-Examining the Law on Capacity and Guardianship Through a Principles-Based Framework, Lauren Bates

### Concurrent Paper Session
1. Addressing the mental health of aging Chinese in Calgary: A decade of efforts in research, knowledge transfer, and practice, Liza Chan & Phyllis Luk
2. Befriending with Socially Isolated Immigrant Seniors: Contributions, Challenges & Interpretations of Helping Relationships, Behnam Behnia
3. The transformative power of our caregiver groups: how connectedness leads to change, Arlene Conseny, Renee Climans, Donna Margles

### Concurrent Paper Session
1. The course of depressive symptoms and associated factors among older home care clients with select neurological conditions, Colleen Maxwell, Susan Bronskill, Jessica Leah, et al.
2. Developing a Nurse-Led Interprofessional Mental Health Promotion Intervention among Older Home Care Clients: An Implementation Evaluation, Maureen Markle-Reid, Carrie McCainey, Dorothy Forbes
3. Comparison of Traditional Didactic Seminar to High Fidelity Simulation (HPS) for Teaching Electroconvulsive Therapy Technique to Psychiatry Trainees, Kiran Rabheru

## 12:00 – 1:30 p.m.  Lunch  Vistas Dining Room

## 1:30 – 4:30 p.m.  ECT Course #1  Max Bell Auditorium

Electroconvulsive Therapy Part I: A Core Review of Current Practice  
Kiran Rabheru, Caroline Gosselin, & Peter Chan

*Pre-registration required for this event*

## 1:30 – 3:00 p.m.  Paper & Symposium Block #2

| Symposium: Quality of Care for Older Adults with Mental Illness  
| Dallas Seitz, Chris Perlman, Salinda Horgan | KC 201 |

| Symposium: Reporting on Dementia and Driving: Expert Consensus Guidelines  
| Mark Rapoport | KC 205 |

### Concurrent Paper Session
1. Resident and Facility Predictors of Care Transitions among Older Adults with Dementia in Assisted Living Facilities, Colleen Maxwell, Monica Cepoiu-Martin, et al.

## 10
2. Screening for Suicide Risk among Older Adults: The Development and Validation of the brief Geriatric Suicide Ideation Scale and the GSIS Screen, Marnin Heisel
3. Environmental Factors predict the severity of delirium symptoms in long-term care residents, Jane McCusker, Martin Cole, Philippe Voyer, et. al

**Concurrent Paper Session**

1. Development of Behavioural Care Plans that address the care needs of inpatients with dementia while also incorporating elements of ‘lived experience’. “What’s your magic?”
   Lindy Kilik & Suzanne Woodcock
2. Hope Visible in Long Term Care, Sharon Moore & Sue Hall
3. Connecting the Dots: Creating an Effective Behavioural Support System in the TC LHIN
   Faith Malach, Linda Jackson, Carol Cohen

**Concurrent Paper Session**

1. A-MOP: Optimizing the use of atypical antipsychotics in residential care, Janice Robinson
2. Documentation gaps and challenges regarding psychotropic medications in continuing care facilities, Cheryl Sadowski, Scot Simpson, Travis Featherson, & Sandra Leung
3. Introducing a dedicated medical staff into Long-Term Care, Paddy Quail

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**3:00 – 3:30 p.m**  Break  **KC 300 Foyer**

**3:30 – 5:00 p.m.**  **Paper & Symposium Block #3**

**Symposium:** The Mental Health Commission of Canada’s Guidelines for Comprehensive Mental Health Services for Older Adults in Canada: From Knowledge to Action and Connecting the dots to improve the health of seniors in Canada, Jessica Mankowski, Amanda Slaunwhite

**Symposium:** Barriers to Mental Health Service Use: Training, cultural, and systemic factors
   Candace Konnert, Yvonne Tieu, Christine Knight, Richard Alaire

**Concurrent Paper Session**

1. An innovative intervention for carers of person with dementia – The Reitman Centre
   CARERS program, Joel Sadavoy & Angelina Yau
2. Connecting people with dementia and caregivers to early education and support.
   Mary Schulz
3. Disenfranchised grief and dementia: an effective coaching intervention to empower caregivers, Penny MacCourt & Sandie Somers

**Concurrent Paper Session**

1. Vascular Risk Factors Predict Gait, Mood, and Executive Function Disturbance in People with Mild Cognitive Impairment. Results from the “Gait and Brain Study”
   Akshya Vasudev, Anam Islam & Manuel Montero Odasso
2. Effects of a physical exercise intervention on the mood of healthy older adults, Genevieve Arsenault-Lapierre
3. Reimagining Delirium: A Novel Pathophysiology Model and Neuroimaging Approach, Mark Lachmann

**Concurrent Paper Session**

1. A pilot study of a telephone-supported care intervention for depression among older adults with co-morbid chronic physical illness in primary care
   Jane McCusker
2. An Interpretive Scoping Review of Barriers & Enablers to Timely Diagnosis and Optimal Management of Community Living Persons with Dementia in Primary Care Settings
   Faranak Aminzadeh, Frank Molnar, William Dalziel, Debbie Ayotte
3. Developing a Geriatric Mental Health Videoconference Education Series
   Cindy Grief
Program – Saturday September 22nd 2012

8:30 a.m. – 9:00 a.m.  Welcome & Opening Remarks  KC 201-203

Kiran Rabheru, MD FRCPC, University of Ottawa & British Columbia; President, CAGP
David Conn, MD FRCPC, Vice-President Education and Director, Centre for Education, Baycrest; Co-Chair, CCSMH

9:00 – 10:00 a.m.  Keynote Address  KC 201-203

What's New in Bordertown?
Dementia, Delirium, and Depression in Medically Ill Older Patients

Dr. David B. Hogan - Professor and the Brenda Strafford Foundation Chair in Geriatric Medicine, University of Calgary

Born in Baie Comeau (Quebec), David’s undergraduate and postgraduate medical education took place in Nova Scotia (Dalhousie University), Alberta (University of Alberta), and Ontario (University of Ottawa, University of Western Ontario). He is a specialist in geriatric medicine. From 1984 till 1990 he was a member of the Faculty of Medicine, Dalhousie University. He then moved to the University of Calgary where he founded the Division of Geriatric Medicine and served as Head for its first ten years.

David has held the Brenda Strafford Foundation Chair in Geriatric Medicine, University of Calgary (the first Canadian Chair in this field) since 1992. He has served in a variety of national leadership roles relevant to his field of practice - Chair of the Royal College of Physicians and Surgeons of Canada (RCPSC) Specialty Committee in Geriatric Medicine, Chief Examiner in Geriatric Medicine for the RCPSC, President of the Canadian Geriatrics Society, President of the C5R (a national network of dementia researchers), and editor of the Canadian Journal of Geriatrics (recently renamed the Canadian Geriatrics Journal).

David has authored over 450 publications including more than 200 peer-reviewed papers. His research interests include age-related cognitive decline and dementia (and its various causes such as Alzheimer disease), delirium, falls, frailty, and health services for older Canadians. He played a leading role in two national projects that developed guidelines for the assessment and management of delirium and dementia as well as a fall prevention algorithm for health care providers in Alberta. National awards include the William B. Spaulding Award of Associated Medical Services, the Prix d’Excellence of the RCPSC, the Distinguished Service Award of the CGS, and the Irma M. Parhad Award for Excellence of the C5R. In 2011 he was appointed the inaugural Director of the Brenda Strafford Centre on Aging, University of Calgary.

10:00 – 1:00 p.m.  ECT Course #2  Max Bell Auditorium

Electroconvulsive Therapy Part II: Advanced Practice
Kiran Rabheru, Caroline Gosselin, & Peter Chan

*Pre-registration required for this event
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<tr>
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<td>Break</td>
<td>KC 300 Foyer</td>
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<tr>
<td>10:30 – 12:00 p.m.</td>
<td>Workshop Block #1 *pre-registration required</td>
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<td>Anti-Stigma Programming: An Arts Based Approach to Recovery with Concurrent Disordered Older Adults, <em>Marilyn White-Campbell, Burgundy Campbell</em></td>
<td>KC 201</td>
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<td>A Gentle Persuasive Approach (GPA) in Caring for Persons with Responsive / Aggressive Behaviour, <em>Barbara McCoy</em></td>
<td>KC 301</td>
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<td>Psychiatric Assessment and Psychosocial Aspects in the End of Life Care <em>William Chimich &amp; Cheryl Nekolaichuk</em></td>
<td>KC 303</td>
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<td>Merging Methods: Facilitated E-learning as a Knowledge Exchange Mechanism for Dementia Care Providers Interested in Disaster Risk Reduction, <em>Maggie Gibson &amp; Sarah Clark</em></td>
<td>KC 305</td>
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<td>1:30 – 2:30 p.m.</td>
<td>Awards Ceremony *pre-registration required</td>
<td>KC 201-203</td>
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<td>• CAGP 2012 Resident &amp; 2011 Fellowship Award Presentations</td>
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<td>• Presentation of CAGP 2012 Fellowship Award</td>
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<td>• Presentation of CCSMH / CAGP Joint Conference Poster Presentation Award</td>
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<td>• Presentation of CAGP Outstanding Achievements Award</td>
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<td>• Presentation of 10th Anniversary CCSMH Award</td>
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<td>2:30 – 3:00 p.m.</td>
<td>Break</td>
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<td><strong>Option Chair Yoga Demonstration</strong></td>
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<td><em>Annette Wertman, BMus, MTA, MA (Cand.)</em></td>
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<td>Registered Music Therapist and Certified Yoga Instructor</td>
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<td>3:00 – 4:30 p.m.</td>
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<td>Quality of Life in Parkinson’s Disease: Impact of Neuropsychiatric Aspects and Other Non-Motor Symptoms, <em>Timothy Holden</em></td>
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<td>Now that we know what we don’t know – what do we do next? Non-pharmacological sleep interventions for people with dementia, <em>Cary Brown, Marie Bullock, Leah Phillips &amp; Donna Wilson</em></td>
<td>KC 205</td>
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<td>RCPSC Subspecialty Update, <em>Melissa Andrew &amp; Cathy Shea</em></td>
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<td>Key Concepts, Resources, and Challenges Identifying &amp; responding to Elder Abuse in 2012, <em>Elizabeth Minerva Moore</em></td>
<td>KC 303</td>
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<td>The Mental Health Commission of Canada’s Guidelines for Comprehensive Mental Health Services for Older Adults in Canada, <em>Marie-France Rivard</em></td>
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<td>4:30 – 5:30 p.m.</td>
<td>CAGP AGM</td>
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<td>Preliminary results of the McGill Geriatric Lithium-Induced Diabetes Insipidus Clinical Study (McGLIDICS)</td>
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<td>A Population-Based Study of Home Care Clients with Dementia in Ontario</td>
<td>Mary Vu</td>
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<td>Results from the CAGP Survey of Brief Cognitive Screening Instruments</td>
<td>Dr. Zahinoor Ismail</td>
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<td>Patient Expectations and Perspectives on Primary Care</td>
<td>Marta Shaw</td>
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<td>Quality of Life for Residents with Dementia Through Active Engagement</td>
<td>Ellen Ayles</td>
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<td>Crossing Boundaries: An Integrated Approach to Staff Safety and Person Centred Care</td>
<td>Anita Wahl</td>
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<td>Understanding Long-Term Care Facilities as Communal Living Environments</td>
<td>Dr. Maggie Gibson</td>
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<td>An Interpretive Scoping Review of Best Practice Recommendations and Evidence of Actual Practices of Primary Care Physicians Vis-à-vis Diagnosis and Management of Community Living Older Persons with dementia</td>
<td>Faranak Aminzadeh</td>
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<td>Cerebrovascular Risk Factors and Suicide Ideation among Older Primary Care Patients</td>
<td>Dr. Akshya Vasudev</td>
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<td>Does a tertiary care geriatric psychiatry/neuropsychiatry admission have an impact on the type and amount of psychotropic use in dementia clients?</td>
<td>Dr. Carol Ward</td>
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<td>Use of Clinical Dashboard in Memory Clinic</td>
<td>Dr. Mani Santhana Krishnan</td>
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<td>Ethnotheatre and Knowledge Translation: Collaborative response work within transformative knowledge exchange</td>
<td>Dr. Lisa Van Bussel</td>
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<td>Integrating MDS Information into Suicide Prevention in LTC</td>
<td>Marilynne Gordon</td>
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<td>Learning from the Past and Present as we build toward the Future in the provision of Seniors Mental Health Care</td>
<td>Dianne Dillon-Samson</td>
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<td>Exploring how knowledge users become aware of and evaluate the on-line resource - Understanding Pain in Persons with Dementia</td>
<td>Dr. Cary Brown</td>
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<td>Maintaining Mental Health in the Community: Outcome Evaluation of a Geriatric Mental Health Day Treatment Service</td>
<td>Dr. Christine Knight</td>
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<td>Addiction Supportive Housing (ASH) Scarborough</td>
<td>Elizabeth Birchall</td>
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<td>Sense of Community in Long Term Care: The Views of Family Caregivers of Elderly Military Veterans</td>
<td>Ana Petrovic-Poljak</td>
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<td>Nursing Students' Perspectives about the Value of the Tidal Model Philosophy for the Provision of Mental Health Care of Older Adults</td>
<td>Jessica Dhillon</td>
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<td>Psychotropic medication use in an outpatient geriatric clinic</td>
<td>Cheryl Sadowski</td>
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<td>Geriatric Telepsychiatry: Removing the Barriers of Space and Time</td>
<td>Susan Harnarine</td>
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<td>University of Toronto Geriatric Psychiatry Subspecialty Residency Program</td>
<td>Dr. Robert Madan</td>
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<td>Preliminary Findings from the Canadian Coalition for Seniors' Mental Health Late-Life Suicide Prevention Knowledge Translation Project</td>
<td>Dr. Marnin Heisel</td>
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<td>24.</td>
<td>The Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention: An Online Tool to Find Evidence-Based Mental Health Promotion and Suicide Prevention Interventions for Seniors.</td>
<td>Simone Powell</td>
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Crisis Plus: Serving the Older Adult in Crisis
Robin Hurst, RN, BScN, MN, CPMHN, GNC, Saint Elizabeth, Mary Compton, Adam Smith

Goal: To present promising and innovative practices in the development of the older adults specific crisis program.

Learning Objectives for audience:
1. Will be able to identify the components required for an older adult specific crisis service
2. Will be able to identify the differences between mainstream crisis services and older adult specific crisis services
3. Will be able to identify the training and tools needed to institute an older adult specific crisis service

Purpose: Mental health issues for older adults are on the rise in Canada and, innovative solutions are and will be required to meet the projected and growing demand for senior's mental health and addictions services.

Method: Two innovative, multidisciplinary mobile senior's crisis teams were created by two agencies that used a similar staff composition of a nurse, a social worker and a crisis worker to support older adults with a mental health and addiction crisis. Additionally a specialized Senior Access Line was created to handle seniors in crisis not covered by the catchment areas of these agencies. A home visit is provided to assess and screen for depression, suicidal ideation, cognitive function, functional status and environmental safety.

Results: Initial evaluation data indicates the program has been successful in responding to the older adult in crisis by allowing seniors to remain at home. Older adult specific education, assessment tools and protocols have been developed to assist crisis workers to guide their practice.

Conclusion: The implementation of the seniors mobile crisis teams and seniors access line appears to be a promising practice for the care of the older adult with a mental health/addictions crisis. This session will be of interest to all dealing with the older adult in crisis and those creating a systems approach to behavioural issues of the older adult in the community. Learning’s include the role of the seniors mental health crisis nurse, seniors access line coordinator, family centered care, addictions, partnerships and knowledge of the older adult.
Psychosis in Alzheimer’s Disease: Emerging Concepts

Corinne Fischer, MD FRCPC, Director of the St. Michael's Hospital Memory Disorders Clinic, St. Michael's Hospital, Department of Psychiatry, University of Toronto
Zahinoor Ismail MD FRCP, Department of Psychiatry, University of Calgary;
Benoit Mulsant MD FRCP, CAMH, Department of Psychiatry, University of Toronto

Goal: To review the latest evidence on psychosis in Alzheimer’s disease, focusing on phenomenology, neuroimaging and clinical management.

Learning Objectives for audience:
1. To review the clinical presentation of psychosis in Alzheimer’s disease.
2. To discuss the neuroanatomical and radiological correlates of psychosis in Alzheimer’s disease.
3. To review the clinical management of psychosis in Alzheimer’s disease.

Purpose of Presentation: To review the current literature on psychosis in Alzheimer’s disease, focusing on phenomenology, neuropathology/neuroimaging and management.

Background Information (general description): Psychotic symptoms are estimated to occur in about one third of patients with Alzheimer's disease. They consist primarily of delusions and hallucinations. Delusions furthermore can be broken down into misidentification delusions and persecutory delusions. Psychotic features tend to be associated with moderate cognitive decline, frontal lobe dysfunction, functional impairment and increased caregiver burden. Neuroimaging studies have suggested psychotic features may be associated with hypofrontality, specifically right hypofrontality. Neuropathologic studies suggest an association with increased disease pathology. Treatment options remain elusive as these symptoms are very problematic and to date there is no FDA approved drug treatment.

Methods and results: This symposium will review our current understanding of psychotic symptoms in Alzheimer’s disease focusing on clinical, neuropathological/neuroimaging and treatment correlates.

Conclusions: Alzheimer disease patients with psychosis may represent a distinct clinical population with a unique symptom profile and clinical trajectory.

Paper Presentations

Supporting Caregivers of Older Adults through Service Provision & Policy Development: Experiences of using the Caregiver Toolkit

Penny Maccourt, MSW, PhD, Research Affiliate with the Centre on Aging and an Adjunct Professor with the School of Social Work, University of Victoria; Thompson Rivers University
Dawn Hemingway, MSc; MSW, Chair of Social Work - University of Northern B.C.
Marian Krawczyk, M.A.; PhD – Sociology/Anthropology – Simon Fraser University
Learning Objectives for audience:
1. To be introduced to the Caregiver Toolkit
2. To have a better understanding of how the Caregiver Toolkit can support the wellbeing of older adults
3. To have a better understanding of how the Caregiver Toolkit has been used in a diversity of settings across Canada

Background Information: The Caregiver Toolkit is a resource designed to facilitate programs, policy, and practice that supports family/friend caregivers of older adults. The Caregiver Toolkit Contains two resources: The Caregiver Policy Lens (CGPL) and The Service Provider Resource Guide (SPRG). Both of these resources are user-friendly and designed to raise awareness, and provide information about, issues faced by caregivers of older adults. The CGPL is an evidence-informed principle-based framework for reviewing and developing policies, programs and practices that affect caregivers, from the perspective of caregivers and in order to avoid any unintended negative effects on caregivers of older adults. It can be used at any stage of development, implementation or evaluation. The SPRG provides evidence-informed information and tools about caregiver assessment and interventions, and resources and suggestions to address issues in case management. The Caregiver Toolkit is free to use and can be found at: www.caregivertoolkit.ca

Methods and results: This presentation will also provide an overview of the experiences from 13 pilot sites that have used the Caregiver Toolkit, including provincial governments, health authorities, national advocacy organizations, and private business.

Conclusions: Using the Caregiver Toolkit can help build a shared community of practice without adding to workload or resource issues. In turn, including caregivers’ needs strengthens their resiliency and the sustainability of systems that support them.

Re-examining the Law on Capacity and Guardianship Through A Principles-Based Framework
Lauren Bates, B.A., LL.B., Law Commission of Ontario
Goals: To inform the audience about a law reform project that may have a significant effect on their area of expertise, and to hear their perspectives

Learning Objectives for audience:
1. Understand the relevance to their work of the LCO’s frameworks and its project on the law of capacity and guardianship
2. Consider the potential implications of a principles-based approach for this area of law

Purpose of Presentation: Provide information on a major law reform project focused on the law of capacity and guardianship in Ontario

Background Information: The mandate of the Law Commission of Ontario is to recommend law reform measures to enhance the legal system’s effectiveness, relevance and accessibility. It has undertaken a major project to re-examine Ontario’s current law on capacity and guardianship, in response to concerns voiced by persons with developmental disabilities, older adults, the legal profession and other stakeholders. This project builds on two recently completed projects of the LCO, which identified guiding principles for evaluating new or current laws that affect older persons and
persons with disabilities. Based on these framework, the LCO will evaluate current Ontario laws relating to capacity and guardianship based on how well they respect the dignity and worth of those affected; foster autonomy and independence; promote participation and inclusion; recognize the importance of security/safety; respond to diversity and individuality; and recognize membership in the broader community. The LCO will consult broadly with the affected communities to better understand how the principles apply to this area of the law. The project will ultimately result in a set of law reform recommendations intended to promote these principles. This presentation will briefly outline the LCO’s frameworks for the law as it affects older adults and for the law as it affects persons with disabilities, and will consider what they may mean in the context of capacity and guardianship law.

**Behavioural Supports Ontario Project**

*Ken Le Clair, MD, FRCPC, Professor & Chair, Division of Geriatric Psychiatry, Queen’s University; Clinical Advisor, Behavioural Supports Ontario*

*Dallas Seitz, MD, Assistant Professor, Queen’s University*

*Joel Sadavoy, MD, FRCPC, Founder Geriatric Psychiatry, FCPA (Distinguished) Professor of Psychiatry, University of Toronto, Sam And Judy Pencer and Family Chair in Applied General Psychiatry, Director of the Cyril & Dorothy Joel & Jill Reitman Centre for Alzheimer’s Support and Training. Head Community and Geriatric Psychiatry Services, Mount Sinai Hospital*

*Lisa Van Bussel, M.D.,F.R.C.P.C., Psychiatrist, Regional Psychogeriatric Program Physician Leader, Geriatric Psychiatry Program, Regional Mental health Care London*

**Learning Objectives for audience.** The participants will:

1. Gain a further understanding of the unique needs, challenges and characteristics of individuals with responsive behaviour and the health care system that supports them.

2. Become aware of a Best Practice, Evidence-informed, Person-directed Framework for Health System Transformation through systems coordination, person-directed service realignment and capacity enhancement.

3. Understand and become aware of the unique approach, tools and use of improvement and knowledge exchange science to enable health care transformation for this population.

**Purpose of Presentation:** Provide an example of a project that is focused on behaviours associated with mental health, dementia or other neurological conditions. This project can be considered a model for implementing best practices across the continuum of care.

**Background Information:** The Behavioural Supports in Ontario project (BSO) is an integrated network of people, services and supports across the continuum of care that aims to improve the lives of Ontarians with behaviours associated with complex and challenging mental health, dementia or other neurological conditions living in long-term care homes or in independent living settings.

**Methods and results:** The Ministry of Health and Long-Term Care recently announced $40M of funding for BSO whereby each of the 14 Local Health Integration Networks (LHINs) received funding and in-kind resources to support system change both at the LHIN level and across the province.
Conclusions: All Local Health Integration Networks have received health human resources (HHR) to support the implementation of the framework. The majority of the resources (ie. nurses and psw's) are being allocated to long-term care homes to improve care and services for their residents with responsive behaviours. There are a number of different approaches, which are being implemented across LHINs based on their Action Plans.

Success will be realized when a measurable improvement occurs in the areas of enhanced patient and caregiver experience, person and caregiver-centred system, increased system efficiency and equitable access to comprehensive, safe services.

Addressing mental health of aging Chinese in Calgary: A decade efforts in research, knowledge transfer, and practice

Daniel W.L. Lai, MSocSc, MSW, PhD, RSW, Faculty of Social Work, University of Calgary
Liza Chan, BA (Recreation Management), PGDip (Management), RSW, Calgary Chinese Elderly Citizens’ Association
Phyllis Luk, MSW, RSW, Faculty of Social Work, University of Calgary

Goal: To enhance professional understanding and knowledge about integration of research in mental health promotion for aging Chinese.

Learning Objectives:
1. To understand research findings on mental health of aging Chinese in Canada.
2. To learn about a decade of best practice efforts to promoting mental health in a culturally diverse aging community.
3. To learn understanding about the challenges and future prospective of mental health promotion to culturally diverse aging populations.

Purpose: This presentation aims to show case a decade old collective community partnership to address mental health needs of aging Chinese.

Research findings on mental health of aging Chinese in Canada have consistently indicated that this population is less mentally healthy than their Canadian born counterparts. Financial challenges, lacking of social support, culture-related barriers to accessing health services are some of the key social determinants of mental health as indicated in research on aging Chinese in this country. Based upon these research findings, a coalition of community partnership launched a community-based mental health promotion program in about 10 years ago to address the mental health needs of the aging Chinese in Calgary. In the past decade, various strategic approaches and programs were delivered.

A comprehensive research review was conducted and the specific challenges and needs faced by aging Chinese Canadians will be presented. These challenges and needs were the driving factors behind the development of a decade of mental health promotion program for the aging Chinese in Calgary, Alberta. Culturally appropriate and linguistically matching mental health promotion materials and community events were developed to increase awareness of the Chinese community about the mental health issues. Evaluation results indicate a high level of receptiveness toward the mental health promotion efforts by this community partnership. This presentation will also address
the missing components and challenges in the existing health care system. Recommendations for a strategic and systemic approach to sustain mental health promotion for culturally diverse older adults will also be discussed.

Befriending with Socially Isolated Immigrant Seniors: Contributions, Challenges & Interpretations of a Helping Relationship
Behnam Behnia, PhD, Carleton University – School of Social Work

Goals: To show the importance of befrienders in supporting socially isolated immigrant seniors

Learning Objectives for audience:
1. To learn about social isolation and loneliness of elderly immigrants
2. To learn about social support provided by befrienders
3. To learn about the challenges and rewards of befriending with immigrant seniors

Today, an estimated 14% of Canadians are 65 or older and nearly one-third of them are first generation immigrants. Immigrant seniors are an at risk group that requires special attention. Aging and migration are two powerful life experiences that could have a detrimental effect on immigrant seniors’ mental health and well-being by undermining their social support systems and social contact. While social isolation and loneliness among older adults has been a major concern of health providers and there has been considerable research on older adults’ social support systems, there have been little study on (1) immigrant seniors’ life experiences and (2) sources of support other than family, friends, and professional such as volunteers. The aim of this presentation is to address these two shortcomings.

This presentation is based on the qualitative information collected from 38 face-to-face interviews with socially isolated immigrant seniors and befrienders who are matched with them, in Ottawa. In this presentation, I will not only discuss the life experiences of immigrant seniors and the emotional, instrumental and informational support provided by befrienders, but will also show the dynamic and complex nature of this particular helping relationship by examining challenges and rewards of volunteering with immigrant seniors and befrienders’ interpretations of their helping experiences. Considering that immigrants are likely to suffer from lack of extended informal support networks and to experience difficulty in accessing formal services, it is important to pay attention to volunteers as a potential source of support.

The Transformative Power of our Caregiver Groups: How Connectedness Leads to Change
Arlene Consky, MSW, RSW, Social Worker, Baycrest
Renee Climans, MSW, RSW, Social Worker, Baycrest
Donna Margles, MSW, RSW, Social Worker, Baycrest

Goals: This presentation will illustrate how the power of group cohesion and bonding lead to transformations in members of dementia spousal caregiver support groups, resulting in caring empowerment, increased self-efficacy, improved coping, and a sense of shared community.

Learning Objectives for audience:
1. Provide an overview of dementia caregiver groups.
2. Review the relevant literature relevant to understanding group cohesion, bonding, and therapeutic alliance in caregiver support groups.
3. Illustrate caregiver groups in action through examples of how the power of the group promotes change.

Purpose of Presentation: Attendees will gain knowledge about the transformative power of group cohesion and alliance in sustaining group process and yielding change in dementia caregiver control over the emotional and cognitive aspects of caring for a spouse with dementia.

Background Information: At Baycrest we have developed a model of intervention that focuses on individual caregiver perceptions of the challenges and rewards of caring for a family member with dementia. Within a homogeneous group of dementia spousal caregivers, each participant tells their story about the personal meanings of being a caregiver. The Baycrest model emphasizes intervention strategies that empathically support caregivers in reflecting on negative emotions that get in the way of information processing and decision making with regard to managing caregiving challenges. The power of the group is evident in mutual empathic responses among participants and the experience of relief in being able to express emotions openly and find that others in the group feel the same way. When negative emotions are understood and managed through reflection and interpersonal shared meanings individual caregivers have transformative experiences as reflected in expressed feelings of being strengthened by the process, more in control of their caring tasks and responsibilities, and better able to take care of their own needs.

Methods and results: Dementia caregivers were involved in face-to-face support groups. Pre and post intervention outcome measures showed improvement in overall quality of life, health status, stress response, and self-efficacy.

Conclusions: Our model of intervention for dementia spousal caregivers has been replicated over several years and consistently shows the transformative effects of group cohesion and alliance in engaging participants in a change process that yields improved health for the caregiver and sustained care of the care recipient.

The course of depressive symptoms and associated factors among older home care clients with selected neurological conditions.

Colleen Maxwell, PhD, Schools of Pharmacy and Public Health & Health Systems, University of Waterloo and Institute for Clinical Evaluative Sciences.

Primary presenters contact information
Susan Bronskill, PhD, Institute for Clinical Evaluative Sciences, Toronto, Ontario;
Jessica Leah, MPH, Institute for Clinical Evaluative Sciences, Toronto, Ontario;
Nathalie Jetté, MD MSc, Community Health Sciences, University of Calgary, Calgary, AB; Neurology, University of Calgary, Calgary, AB;
David B. Hogan, MD; Community Health Sciences, University of Calgary, Calgary, AB; Medicine, University of Calgary, Calgary, AB;
Scott B. Patten, PhD MD; Community Health Sciences, University of Calgary, Calgary, AB; Medicine, University of Calgary, Calgary, AB;
George Heckman, MD, School of Public Health & Health Systems, University of Waterloo, Waterloo, ON;
Micaela Jantzi MSc, School of Public Health & Health Systems, University of Waterloo, Waterloo, ON;
Goals: To define a dynamic measure of depressive symptoms that captures change and persistency over time to better understand the burden, course and outcomes associated with depressive symptoms among older home care (HC) clients in general and among those with selected neurological conditions (dementia, Parkinson's disease, epilepsy, multiple sclerosis and stroke).

Learning Objectives for audience:
1. Understand the prevalence and correlates of this dynamic depressive symptom measure among older HC clients and across the selected neurological conditions.
2. Increased awareness of the variation in treatment and health service use patterns across depressive symptom categories (in 1 year prior to baseline).
3. Understand priority areas in need of further research and improved quality of care for older HC clients with persistent depressive symptoms.

Purpose of Presentation: To highlight findings on the course of depressive symptoms and associated sociodemographic and clinical correlates among a large sample of Ontario home care (HC) clients aged 67+ years.

Background Information: Depressive symptoms are prevalent among older adults, including those with neurological conditions, and pose a significant risk for adverse health outcomes. Those with new onset or persistent depressive symptoms may be particularly vulnerable.

Methods and results: Longitudinal clinical data from the Resident Assessment Instrument for Home Care (RAI-HC) completed by trained HC staff during 2006-09 were linked to administrative health databases in Ontario. The sample included 75,757 clients (mean age 82±7 yrs; 71% female) with 3 consecutive assessments (interval 3-13 months); 17,272 with dementia, 3,845 with Parkinson’s disease (PD), 553 with multiple sclerosis (MS), 585 with epilepsy and 16,710 with stroke. Estimates of persistent depressive symptoms decreased with age and increased with pain and cognitive impairment levels, and ranged from 8.0% (MS) to 9.9% (PD and epilepsy). New onset symptoms were relatively more common among clients with dementia and PD (≥9.5%). During the year prior to baseline total drug number and use of psychotherapeutic agents were higher for those with persistent symptoms compared with clients showing no, baseline-only or new onset symptoms over the 3 assessments.

Conclusions: Several sociodemographic and clinical characteristics are associated with persistent depressive symptoms among older HC clients. Research is ongoing to examine other health service use and quality of care correlates of depressive symptoms and associated health outcomes among this vulnerable population.

Developing a Nurse-Led Interprofessional Mental Health Promotion Intervention Among Older Home Care Clients: An Implementation Evaluation

Maureen Markle-Reid, RN, MScN, PhD, McMaster University
Carrie McAiney, PhD, Department of Psychiatry and Behavioural Neurosciences, McMaster University
Dorothy Forbes, RN, PhD, Faculty of Nursing, University of Alberta
Learning Objectives for audience:
1. To describe the background, design and preliminary results of a prospective study of a nurse-led interprofessional mental health promotion intervention among older home care clients.
2. To identify and explore the barriers and facilitators to implementing a nurse-led intervention as experienced by the home care providers who participated in the intervention.

Depressive symptoms in older home care clients are highly prevalent, but poorly recognized and treated. Unrecognized or under treated depression is associated with greater morbidity, functional decline, poor self care, diminished quality of life, increased use of healthcare services and death. This presentation explores the experiences of a team of Registered Nurses (RN) and Personal Support Workers (PSW) in the implementation of a collaborative interprofessional nurse-led strategy to improve depression care quality among 250 home care clients (>70 years) with depressive symptoms using personal support services. The intervention is a multi-faceted 6-month program led by an RN that involves regular home visits, monthly case conferences, and evidence-based management of depression using an IP approach. Two focus groups were conducted with the RNs and PSWs (n=21) who participated in the intervention.

RNs and PSWs indicated that the nurse-led intervention had a positive effect in fostering effective IP collaboration and teamwork; promoting use of best practice depression guideline recommendations; expanding knowledge and skills in depression care; optimizing scopes of practice; and facilitating collaboration between home care, primary healthcare, and specialized mental health services. The presence of leadership support; engaging senior and clinical leaders; providing standardized educational sessions; developing clear intervention protocols and embedded reminders; and supporting changes in practice using scheduled outreach visits and ongoing training and support, facilitated implementation of the intervention. These study findings will inform the role of nurses within the IP home care team in depression care and can inform similar community-based health promotion programs.

Comparison of Traditional Didactic Seminar to High Fidelity Simulation (HPS) for Teaching Electroconvulsive Therapy Technique to Psychiatry Trainees
Kiran Rabheru, Geriatric Psychiatrist, Professor of Psychiatry, University of Ottawa
Wiens A, Ramprasad B, Bourgon L, Antochi R, Naik V, Hamstra SJ.

Goals: Our goal was to explore the potential for using a high-fidelity patient simulator (HPS) to train these skills. To our knowledge, this is the first time a HPS has been used for skills training in psychiatry.

Learning Objectives for audience:
1. Discuss gaps in current methods of teaching ECT skills to trainees
2. Discuss the use of patient simulators in training ECT skills to clinicians
3. Discuss the results and impact of a randomized controlled trial of current vs. simulator-based training of ECT to clinicians

Purpose of Presentation: Traditional training of electroconvulsive therapy (ECT) consists of a combination of didactic and hands-on demonstrations using ECT machines. Our goal was to explore
the potential for using a high-fidelity patient simulator (HPS) to train these skills. To our knowledge, this is the first time a HPS has been used for skills training in psychiatry.

Methods: Nineteen residents in psychiatry at the University of Ottawa took part in this randomized control trial to compare traditional training (n=9) versus training using a HPS (n=10). Both groups spent an equal duration learning about scalp preparation and electrode placement. Two blinded raters assessed performance using a newly-developed checklist and global rating scale for this task (ECT-OSATS). Participants also completed a pre-post knowledge test and confidence survey.

Results: There were no differences between the experimental and control group in terms of demographics or previous experience with ECT. Participants in the HPS group performed significantly better in terms of ECT-OSATS global rating total scores when compared with the control group (t[17]=6.04, p<0.0001. All 10 of the HPS group received a “pass” rating from the raters, while only 1 of the 9 control group received a “pass” rating. There were no significant group differences in post-test confidence (t[17]=1.32, p=0.21), or total knowledge gain scores from pre- to post-test (t[17]=0.94, p=0.36).

Conclusion: This carefully conducted RCT indicates skills training in psychiatry using high-fidelity simulation is feasible and effective with potential to improve clinical management for ECT.

1:30 p.m. – 3:00 p.m.

Symposium

Quality of Care for Older Adults with Mental Illness
Dallas Seitz, MD, Assistant Professor, Queen’s University
Chris Perlman, PhD, Homewood Research Institute
Salinda Horgan, PhD, Queen’s University, Kingston, ON

Goals: To review the key aspects related to the quality of mental health care for older adults.

Learning Objectives for audience:
1. Understand current mental health quality indicators for older adults across the health care system;
2. To review literature and qualitative research findings about clinical staff perceptions and attitudes about how organizational characteristics influence quality of care for older adults;
3. Review the relationship between collaboration and quality of mental health care.

Purpose of Presentation: The purpose of this presentation is to review the key aspects related to the quality of mental health care for older adults.

Background Information: Older adults with mental illness have unique care needs which must be addressed to achieve optimal outcomes. Measuring the quality of care (QoC) provided to older adults using quality indicators (QI) must account for their mental health care needs across the health care
system. Understanding the relationship between organizational characteristics and QoC is important for identifying best practice and opportunities for improvement. Collaborative processes have been demonstrated to be one effective method for improving QoC in several healthcare settings although there are few studies evaluating collaboration on the QoC provided to older adults with mental illness.

Methods and results: This symposium will begin by reviewing the current mental health QI for older adults across the system of care. An overview of how mental health organizational characteristics can be understood within the context of QoC will then be presented. Methods for evaluating and improving delivery of collaborative mental health care services will be discussed and illustrated using a case study approach from long-term care. The presentation will end with a discussion of potential considerations for evaluating and improving QoC for older adults with mental illness.

Conclusions: Understanding the key aspects related to QoC for older adults with mental illness and factors associated with QoC provide opportunities to improve the outcomes for the growing population of older adults with mental health needs.

Reporting on Dementia and Driving: Expert Consensus Guidelines
Mark Rapoport, MD, FRCPC, Sunnybrook Hospital, University of Toronto

Goals: To disseminate expert consensus guidelines on medical decision-making pertaining to reporting older drivers with dementia to transportation authorities.

Learning Objectives for audience:
1. To understand the methodology of the expert consensus process regarding reporting older drivers with dementia to transportation authorities.
2. To appreciate limitations of the literature in the area of driving with dementia.
3. To learn the consensus recommendations of geriatric psychiatrists, geriatricians, cognitive neurologists, and geriatric psychiatrists in the gray zone of reporting older drivers with mild cognitive impairment and mild dementia to transportation authorities.

Purpose of Presentation: The purpose of the presentation is to disseminate results of expert consensus guidelines on medical decision-making pertaining to reporting older drivers with mild cognitive impairment and mild dementia to transportation authorities.

Background Information: No studies have examined how physicians treating patients with dementia make the difficult decision to report drivers with dementia to transportation authorities. While such reporting is mandatory in many Canadian provinces, compliance with legislation is low. A background workshop was presented at the 2011 CAGP meeting before the study was conducted.

Methods and results: A literature review was conducted by the research team which included physicians and policy makers. A series of 26 case scenarios was developed. A group of 38 physicians experienced and active in dementia care from 4 disciplines completed a survey in which they were asked whether they would report each case to transportation authorities. Over a series of 5 iterations, in a modified Delphi process, an attempt was made to achieve 85% agreement on all cases. As of the writing of this abstract, the study is still in progress, and with iteration # 3 of 5 completed,
there is already 85% agreement on 16 of the 26 scenarios (62%). Full results will be available by the end of March 2012, and the consensus guidelines will be drafted by September 2012.

Conclusions: The recommendations of the consensus panel will be presented, and the impact of patient and physician-related factors on reporting will be discussed.

**Paper Presentations**

Resident and Facility Predictors of Care Transitions among Older Adults with Dementia in Assisted Living Facilities

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*Joseph E. Amuah* PhD, Methodology Unit, Canadian Institute for Health Information,  
*Andrea Soo,* MSc, Community Health Sciences, University of Calgary  
*Andrea Gruneir,* PhD, Women's College Research Institute, Women's College Hospital, University of Toronto  
*David B. Hogan,* MD, Community Health Sciences, University of Calgary  
*Scott B. Patten,* PhD MD, Community Health Sciences, University of Calgary  
*Ken Le Clair,* MD, Canadian Coalition for Seniors Mental Health  
*Kimberly Wilson* MSW, Canadian Coalition for Seniors Mental Health  
*Laurel A. Strain* PhD, Department of Sociology, University of Alberta  
*on behalf of the ACCES-Mental Health Research Group*

Goal: To identify resident and facility level predictors of care transitions over 1-year among older dementia residents of Designated Assisted Living (DAL) facilities in Alberta.

Learning Objectives for audience:

1. Understand the diversity and complexity of care needs for DAL residents with Alzheimer's disease or related disorders (ADRD).
2. Understand the diversity of continuing care settings and implications for quality of care of DAL residents with ADRD.
3. Understand the resident and facility level drivers of care transitions among DAL residents with ADRD.

Purpose of Presentation: To describe DAL resident and facility characteristics and the impact of variability in these factors on hospitalization over 1-year among older adults with ADRD.

Background Information: Assisted Living provides an increasingly popular residential option for seniors with ADRD, yet the setting remains poorly defined and understood. Quality of care concerns based on lower staffing and service availability suggest some ADRD residents may be at increased risk for various adverse outcomes (including hospitalization).
Methods and results: Among 1,089 DAL residents aged 65+ (from 59 facilities), 58% (627) had a diagnosis of ADRD. Research nurses completed interRAI-AL resident assessments at baseline and 1-year (including discharge/decedent interviews). Standardized interviews with DAL administrators/managers provided facility-level data. Linkage with administrative records was available for 97% (609/627) residents. Predictors were examined using multivariate Cox proportional hazards regression models (with adjustment for clustering and competing risks).

The cumulative incidence of hospitalization was 38.6% (95%CI 34.5-42.7) by 1 year, with an incidence rate of 51.7 per 100 person-years. Baseline resident characteristics significantly associated with hospitalization included: age 90+; 2+ hospitalizations in the year prior to baseline; use of 11+ drugs; moderate-severe fatigue; poor social engagement; and, health instability. Facility factors significantly associated with hospitalization were: a smaller number of DAL spaces within the facility and absence of chain affiliation.

Conclusions: The observed rate of hospitalization within 1 year for residents with ADRD raises concerns about the ability of some AL facilities to safely care for vulnerable residents with emerging health issues.

Screening for suicide risk among older adults: The development and validation of the Brief Geriatric Suicide Ideation Scale and the GSIS Screen

Marnin Heisel, Ph.D., C.Psych., Clinical Psychologist, Associate Professor of Psychiatry and of Epidemiology & Biostatistics, and Research Scientist, The University of Western Ontario
Dr. Gordon L. Flett, Psychologist, Professor of Psychology, Canada Research Chair in Personality and Health, York University

Learning Objectives for audience: By the end of this presentation, participants will:

1. Be able to demonstrate familiarity with brief measures designed to screen for suicide ideation among older adults
2. Gain an understanding of the appropriate uses of screening and assessment tools for late-life suicide risk
3. Demonstrate understanding of the need for sensitivity when assessing suicide risk among older adults

Purpose of Presentation: To report on the measurement properties of two abbreviated versions of the Geriatric Suicide Ideation Scale (GSIS; Heisel & Flett, 2006), designed to detect the presence, and assess the severity, of late-life suicide ideation in busy clinical practices and public health outreach initiatives.

Background Information (general description): Older adults have high rates of suicide and yet their risk often goes undetected. We thus developed the Geriatric Suicide Ideation Scale (GSIS), a 31-item multidimensional measure to assess late-life suicide ideation, and have demonstrated the measure’s strong psychometric properties with a heterogeneous sample of older adults (Heisel & Flett, 2006, 2007, 2008).

Methods and results: We selected items from the 31-item GSIS, using data collected in three of our studies of late-life suicide risk (total N=305): the GSIS scale development study (Heisel & Flett, 2006), a trial of Interpersonal Psychotherapy modified for suicidal older adults (Heisel et al., 2009), and a
longitudinal study of risk and resiliency to late-life suicide ideation. Findings evidence internal consistency (α=.91; α=.82) and 1-month test-retest reliability (r=.83, ICC=.91 for both) for a 10-item Brief Geriatric Suicide Ideation Scale (BGSIS) and a 5-item GSIS screen, respectively. Findings further support the construct (depression, hopelessness, self-rated health, poor psychological well-being), criterion (differentiating mental health patient from community samples), and predictive validity (1-2 year suicide ideation) of these measures.

Conclusions: Study findings suggest potential benefit in using abbreviated versions of the GSIS in clinical and public health initiatives designed to identify older adults at-risk for suicide.

Environmental factors predict the severity of delirium symptoms in long-term care residents

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Martin Cole, MD,FRSCP(c ), Psychiatry, McGill and SMHC;
Philippe Voyer, RN, PhD, Faculty of Nursing Sciences, Laval University;
Minh Vu, MD, Division of Geriatric, Centre hospitalier de l’université de Montréal; Department of Medicine, Université de Montréal;
Antonio Ciampi, PhD, Department of Epidemiology, Biostatistics and Occupational Health, McGill University, and St. Mary’s Hospital, Montreal;
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Nathalie Champoux, MD, MSc, Institute Universitaire de Gériatrie de Montréal; Département de médecine familiale de Université de Montréal; Eric Belzile, MSc, St. Mary’s Research Centre;
Alyna Dyachenko, MSc, St. Mary’s Research Centre

Goals: Describe environmental risk factors for delirium in long-term care

Learning Objectives for audience:
1. Describe gaps in knowledge in the field
2. Describe specific risk factors that predicted the severity of delirium in LTC
3. Describe role of medications in predicting the severity of delirium in LTC

Purpose of Presentation: The objectives of this study in long-term care (LTC) were: 1) to identify potentially modifiable environmental factors and number of medications associated with weekly changes over time in the severity of delirium symptoms; 2) to explore the interactions of these factors with resident baseline vulnerability.

Background Information: The effects of environmental factors and medications have been investigated in acute-care, but not in LTC settings.

Methods: Prospective, observational, cohort study of LTC residents aged 65 and over (n=272) at 7 study sites with weekly assessments (for up to 6 months) of the severity of delirium symptoms using the Delirium Index (DI), environmental risk factors and number of medications. Baseline vulnerability measures included a diagnosis of dementia. Associations between weekly changes in environmental factors and medications and weekly changes in the DI were analyzed with a mixed effects regression model in order to take into account the longitudinal nature of the data.
Results: Weekly changes in 6 potentially modifiable environmental factors predicted changes in the DI (the absence of reading glasses, aids to orientation, family member and glass of water, and the presence of bed rails and other restraints) as did the prescription of 2 or more new medications. Residents with dementia appeared to be more sensitive to the effects of these factors.

Conclusions: Six environmental factors and prescription of 2 or more new medications predict weekly changes in the severity of delirium symptoms. Both are potentially modifiable through improved LTC clinical practices.

Development of Behavioural Care Plans that address the Care needs of Inpatients with dementia while also incorporating elements of “lived experience”. “What's Your Magic?”
Lindy Kilik, Ph.D., C.Psych., Neuropsychologist, Geriatric Psychiatry Program-MHS, Providence Care & Queens University
Suzanne Woodcock, BST student, St. Lawrence College

Goals: To identify an effective method of developing individualized, client-centred, practical behavioural care plans for individuals with a dementia

Learning Objectives for audience:
1. To become familiar with the “Priming, Timing, Miming” Model of Behavioural Care Planning
2. To identify elements of “lived experience” that can be incorporated into behavioural care strategies

Purpose of Presentation: To (1) identify common behavioural presentations of individuals with dementia who are admitted to a secure unit on a Geriatric Psychiatry Program, using the KSBA(LTC) (Hopkins, et al., 2006) and (2) describe how care needs are articulated for these patients using the “Priming, Timing, Miming”© Model (Kilik, 2010), while also incorporating elements of “lived experience” to both personalize the care plans and identify strategies that maximize behavioural successes.

Background Information: Personal care activities constitute one of the most common triggers for patient distress and aggression and also for staff injury, owing to the intrusion into personal space and also the intimate nature of the activities. It is important to have a clearly-articulated care plan that identifies the type and level of support a particular patient requires, but also one that incorporates personal preferences and history such that the care plan is individualized.

Methods and results: KSBA profiles and Behavioural Care Plans for successive admissions to a Geriatric Psychiatry Unit were reviewed to identify common behavioural patterns of admitted patients and typical care-related needs. Information related to “lived experience” that was utilized in development of individualized care strategies was specifically extracted to develop a repository of these approaches.

Conclusions: The “Priming/Timing/Miming” Behavioural Care Model affords a way of quickly and easily providing an at-a-glance detailed behavioural care plan that can be individualized using “lived experience” to develop customized behavioural approaches and strategies that maximize successful delivery of cares.
Hope Visible in Long-term Care

Sharon Moore, RN, M.Ed., PhD, Associate Professor, Athabasca University
Sue Hall, RN, Pastoral Care Nurse, Beverly Centre Calgary

Goals: To present an innovative hope-focused group project in long-term care

Learning Objectives for audience:
1. See how hope was made visible in long-term care through a hope-focused group project
2. Review an eight session curriculum that guided the group sessions
3. Learn the impact of the experience from the perspective of the group participants

Purpose of Presentation: The purpose of this presentation is to present a project designed to make hope visible in a group setting in long term care.

Background Information: Because seniors frequently enter a care centre when they have experienced a decline in function, it is imperative to provide the necessary resources to enable them to maintain as much functional status as possible and to ensure an adequate quality of life. Hope is about envisioning a future in which they would be willing to participate even in the face of adverse circumstances. With hope they are more willing to try things and risk participating in the programs offered. Without it they feel at the mercy of circumstances and may develop depression or experience loss of purpose and meaning. This project was implemented based on the belief that hope is a necessary element for seniors to achieve and maintain a good quality of life.

Methods and results: An eight session pilot project (offered twice monthly) was delivered to residents who were members of an already existing small group. Each session focused intentionally on strategies that were designed to enhance hope. During the group sessions, residents explored their own understanding and conceptions of hope and participated in activities designed to foster hope. Residents were interviewed prior to and after the completion of the eight sessions regarding their understandings of hope and how the sessions impacted them.

Conclusions: The project is currently underway. A curriculum outline, overview of the project and findings will be presented.

Connecting the Dots: Creating an effective Behavioural Support System in the Toronto Central LHIN (TCLHIN)
Faith Malach, MHSc, MSW, RSW, Executive Director, Baycrest Centres for Mental Health & Memory and Neurotherapeutics and Rehabilitation Programs
Linda Jackson, MSW, RSW, Executive Director, Baycrest Residential & Aging at Home Programs, Baycrest
Carole Cohen, MD, FRCPC, Professor, Department of Psychiatry, University of Toronto

Goals: To showcase the implementation of a system wide approach to improving outcomes for individuals with challenging behaviours
Learning Objectives for audience:
1. To understand the framework for the TCLHIN Behavioural Supports Ontario (BSO) designed to increase capacity and support individuals to stay in their existing environment and reduce or prevent unmanageable behaviours
2. To recognize the barriers and steps taken to improve coordination, reduce fragmentation and optimize resources across the complex systems of care
3. To recognize the value of a quality improvement lens and outcomes for measuring the success of the Initiative

In January 2010, the Ontario Ministry of Health and Long term Care launched the first phase of the Ontario Behavioural Supports System Project aimed at improving outcomes for individuals with challenging behaviours. This initiative has continued to progress and in the fall of 2011, a second phase of the Behavioural supports Ontario (BSO) Strategy was launched with the support of $40 million in new base funding from the province. From this $40 million, the Toronto Central LHIN (TC LHIN) received approximately $3.4 million to support the implementation of the framework.

In January 2012, Baycrest was appointed as the TC LHIN system lead for the BSO Project. The TC LHIN BSO Action Plan aims to:
- Improve coordination and reduce fragmentation of the community system
- Increase specialized community capacity to support individuals to remain in their existing environment through investments in specialized outreach services
- Increase specialized behavioural support capacity in long term care homes
- Improve caregiver education and support
- Increase workforce skills and training for providers across the continuum
- Improve transitions across the continuum

Since being appointed as the TC LHIN BSO lead, Baycrest has worked with its partners to implement the key components of the strategy including:

- A Transitional Behavioural Support Unit
- Long-Term Care Behavioural Support Outreach Team
- Community Behavioural Support Outreach Team
- Mobile Crisis Team
- Education Consortium
- Implementation Committee

Participants attending this session will be provided with an overview of the BSO framework in addition to details specific to the TC LHIN BSO Strategy. The presentation will provide information on challenges and solutions pursued during the first nine months of implementation.

A-MOP: Optimizing the use of atypical antipsychotics in residential care
Janice Robinson, MN, NP(A), GNC(C), Nurse Practitioner/Clinical Nurse Specialist, The Lodge at Broadmead
Goals: Provide information on a local quality improvement initiative to reduce atypical antipsychotic use in a residential care home.

Learning Objectives for audience:
1. Audience will identify a quality improvement method to reduce atypical antipsychotics.
2. Audience will recognize which factors contributed to the success of the project.
3. Audience will distinguish how they may apply components of the project methodology to their own work site.

Purpose of Presentation: The presentation will showcase a quality improvement project to optimize atypical antipsychotic prescribing (A-MOP) undertaken at The Lodge at Broadmead, a 225 long term care facility in Victoria, B.C.

Background Information: The A-MOP program focused on: 1) the use of antipsychotic medications for residents and, where possible, reducing utilization; and, 2) developing a standardized process to ensure that all residents prescribed antipsychotic medications have a documented rationale for use and a plan for regular reassessment of the medication requirement.

Methods and results: The project methods included: 1) Establishing baseline data on antipsychotic drug use. 2) Developing a process for ensuring that all residents receiving antipsychotic drugs are reviewed on a regular basis. This includes those who are receiving antipsychotic medication on admission and those receiving new antipsychotic prescriptions during the course of their stay, and, 3) Engaging in critical review of the use of these medications for each resident through audit and clinical review processes.

Within the initial sample there was a 16 percent reduction in atypical antipsychotic medication prescription. Many of the prescriptions that have been discontinued were for PRN doses - these medications had often never been used. A small percentage of residents’ required increased dose of antipsychotic but only one was returned to the previous dosage – the rest are on lower doses.

Conclusions: The A-MOP reduced total numbers of atypical antipsychotic prescriptions. In addition it brought about increased awareness of the potential side effect of this medication class and the need for a clear “rationale” for their use. It provided information to use in the development of a policy on atypical antipsychotic usage.

Documentation gaps and challenges regarding psychotropic medications in continuing care facilities
Cheryl Sadowski, B.Sc.(Pharm), Pharm.D., FCSHP, Associate Professor, Faculty of Pharmacy & Pharmaceutical Sciences, University of Alberta
Scot H. Simpson, BSP, Pharm.D., M.Sc., Associate Professor, Faculty of Pharmacy & Pharmaceutical Sciences, University of Alberta
Travis Featherstone, B.Sc.Pharm., Vice President Operations, Care Plus Health Group Edmonton, Alberta
Sandra Leung, B.Sc.Pharm., Manager, Continuing Care Services (Edmonton Zone), Pharmacy Services, Alberta Health Services
Goals: To highlight the challenges associated with documentation regarding psychotropic medications in older adults in continuing care centres.

Learning Objectives for Audience:
1. Identify areas of psychotropic medication safety
2. To describe the key features of documentation for psychotropic medications
3. To identify the challenges in consistent documentation in the continuing care setting.

Purpose of Presentation: To present findings regarding documentation for psychotropic medications from two continuing care centres in Edmonton.

Background Information (general description): The Canadian National Guidelines for Seniors’ Mental Health (2006) provided the first interdisciplinary guidelines in Canada for management of BPSD in long-term care facilities. Following the framework of a continuous quality improvement process, we measured current practice patterns and compared them to accepted guideline recommendations.

Methods: We conducted a cross-sectional chart review. This data collected was based on the Canadian National Guideline recommendations, a similar study conducted in the UK, and literature on the use of atypical antipsychotics for BPSD. All charts of patients with BPSD, as identified by facility staff, were reviewed. Data was analyzed descriptively.

Results: A total of 229 charts were reviewed at two facilities. The mean age was 86.3 years (SD 8.0); 72.5% were female. The majority (66.4%) of residents had a diagnosis of dementia. A total of 112 residents (73.7% of those with dementia) had documentation of any BPSD. A total of 67 residents were prescribed antipsychotic medications. There was no documentation for ongoing need in 39 (58.2%) of these individuals. A withdrawal attempt was documented in 54 (80.6%). Only 16 (23.9%) had an assessment of risk versus harm on the chart.

Conclusions: There were significant gaps in documentation regarding monitoring and assessment of risks. Now that the InterRAI 2.0 has been implemented into long term care facilities in Alberta, this may improve documentation and care.

Introducing a dedicated medical staff into Long Term Care
Patrick Quail, MB CCFP, University of Calgary

Learning Objectives for audience:
1. understand the barriers to the practice of nursing home medicine
2. provide a plan to developing a resident centred model of medical staffing
3. understand how a cohesive medical staff supports the role of the medical director in meeting goals of care in the nursing home setting

Background Information: Physicians have traditionally not become engaged in nursing home medicine. The clinical issues that affect long term care e.g. antipsychotic use, restraints, falls and hospital transfers remain as significant care considerations across Canada. Physicians have been relatively underutilized and yet have the potential to be very influential in effecting change in quality of care and quality of life outcomes. A survey of physicians in Calgary in 2002 found that 69% of physicians expressed a desire to quit the practice of LTC within 5 years. A plan was put in place with a
private LTC provider to involve attending physicians in an alternate payment plan. Initiated in 2008 there has been a twofold increase in the physician census, a decrease in the average age of the attending staff, more female and IMG physicians and improved key quality indicators such as hospital transfers, antipsychotic utilization, hypnotic use and restraint prevalence. The model of care is based on scheduled weekly rounding with a nurse manager who assists the physicians in managing their time during their visits and reimbursing physician on an hourly basis to incentivize interdisciplinary practice managing 95% of all 602 residents and a cohesive medical staff informed and engaged in quality improvement.

Conclusions: As a recruitment and retention initiative an organized medical staff in NH is attractive to younger physician group that is committed to providing compassionate and predictable care that has influenced key clinical patient outcomes.

3:30 p.m. – 5:00 p.m.

**Symposium**

The Mental Health Commission of Canada's Guidelines for Comprehensive Mental Health Services for Older Adults in Canada: From Knowledge to Action and Connecting the Dots to Improve the Health of Seniors in Canada

Jessica Mankowski, MA, Knowledge Broker, Mental Health Commission of Canada
Amanda Slaunwhite, PhD Candidate, Research and Policy Analyst, Mental Health Commission of Canada

Learning Objectives for audience:

1. The audience will understand the purpose of the Guidelines, and will examine the key recommendations and major components of the Guidelines, including the model for comprehensive services for older adults and the
2. Understand the strategies and tools used to move knowledge to action for the MHCC's Guidelines for Comprehensive Mental Health Services for Older Adults in Canada, including the development of an MHCC co-led “network of networks” for knowledge exchange in seniors mental health and dementia care in supporting knowledge exchange activities for the Guidelines.
3. Outline recommendations from the Guidelines for Comprehensive Mental Health Services for Older Adults in Canada for secondary prevention approaches to reducing co-morbidity.

The goal of this symposium is to provide an overview of the Mental Health Commission of Canada’s Guidelines for Comprehensive Mental Health Services for Older Adults in Canada and how it supports the Mental Health Commission’s Mental Health Strategy for Canada, in addition to providing an overview of knowledge exchange strategies being utilized to move the recommendations from knowledge to action. This symposium will also review the significant link between chronic disease and mental health for seniors in Canada, and to describe recommendations for reducing co-morbidity using the Guidelines.
Barriers to mental health service use: Training, cultural, and systemic factors

Candace Konnert, Ph.D., R.Psych., Associate Professor, Clinical Psychology, Department of Psychology, University of Calgary
Yvonne Tieu, M.Sc., Doctoral Candidate, Clinical Psychology, University of Calgary
Christine Knight, Ph.D., R. Psych., Psychologist, Geriatric Mental Health, Alberta Health Services
Richard Alarie, M.A., R. Psych., Therapy Specialist, Geriatric Mental Health, Alberta Health Services

Goals: To provide research and practice perspectives on barriers to mental health care to older adults.

Learning Objectives for audience:
1. To discuss the implications of research on training and cultural barriers for practice and policy in geriatric mental health.
2. To describe attitudinal barriers and challenges to knowledge translation in community-based practice, with a focus on current initiatives to enhance the delivery of mental health care.

This symposium will provide research and practice perspectives on individual and systemic barriers to the provision of mental health care, focusing on training, culture, and systemic barriers in community-based geriatric mental health services and continuing care.

There is a critical shortage of geriatric mental health providers, particularly in the discipline of psychology. Survey data will be presented that assessed training opportunities in Canadian clinical and counseling doctoral programs. Graduate students (N = 225) provided information on training opportunities, program resources, their future plans for working with older adults, and the Pikes Peak Geropsychology Knowledge and Skill Assessment Tool. These data will be discussed in relation to increasing training capacity in mental health disciplines.

Cultural factors often function as barriers to mental health service use among ethnic minority older adults. Data from 150 Chinese older adults (mean age = 74 years) assessed the influence of enculturation, acculturation, personal (e.g., health) and environmental (e.g., social network and support) factors on attitudes towards mental health help-seeking and utilization. These data have important implications for improving the accessibility of mental health services for older Chinese Canadians.

Systemic barriers to the provision of geriatric mental health services are vast and include inadequate and often fragmented services. Even within existing programs, difficulties with knowledge translation and attitudes of health professionals to mental health problems often interfere with the delivery of quality care. Community-based practice perspectives and an initiative to enhance the utilization of mental health care planning by frontline staff in continuing care will be discussed.

Paper Presentations

An innovative intervention for carers of persons with dementia - The Reitman Centre CARERS Program
Joel Sadavoy, MD, FRCPC, Founder Geriatric Psychiatry, FCPA (Distinguished)
Professor of Psychiatry, University of Toronto, Sam And Judy Pencer and Family Chair in Applied General Psychiatry, Director of the Cyril & Dorothy Joel & Jill Reitman Centre for Alzheimer's Support and Training. Head Community and Geriatric Psychiatry Services, Mount Sinai Hospital  
Angelina Yau, BSC, ART, MHSc, Senior Project Manager, Psychiatry Department, Mount Sinai Hospital  

Goal: To support family carers of persons with Alzheimer’s Disease and related dementias.  

Learning Objectives for audience:  
1. Describe the elements, practical frame and evaluation scheme of The Reitman Centre CARERS Program including show case of the interactive online CARERS Guide  
2. Appreciate the importance of applying simulation techniques to therapeutic problem solving approach for caregiving (demonstrate The CARERS Program through a live simulation if chosen to present as a Workshop)  
3. Know what factors made the education modules and knowledge transfer successful.  

Purpose of Presentation: To discuss and share outcomes of a newly developed evidence-based CARERS Program that delivers unique, targeted and tailored skill-building interventions for formal and informal carers to manage the care of those with dementia.  

Background Information: Informal carers are at twice the risk for depression and physical illness. They may be affected by caregiver burden. Evidence suggests caregiver burden may be ameliorated by acquiring the ability to manage behavioral disturbances in care-recipients with dementia. Effective interventions that enhance caregiver knowledge and coping skills can also improve caregiver’s self-efficacy, overall psychological health, and quality of life for both caregiver and care recipient. The Reitman Centre CARERS Program (RCCP) is a therapeutic intervention combining practical skills and simulation techniques to support informal carers. RCCP has been adopted for health professionals caring for individuals with dementia. The uniqueness of the intervention lies in the combination of Problem Solving Therapy and the usage of standardized patients to provide experiential learning.  

Methods and results: A comprehensive RCCP Manual and an interactive Web-based Guide have been developed. In two years, over 20 sessions of the 10-weeks CARERS Program have been delivered in mainstream and Chinese communities in Toronto and Alberta. The Program is being disseminated to other ethnic communities, rural areas and provinces. Outcome measures demonstrated a statistically significant impact on carer’s coping skills and caregiving competence.  

Conclusions: Carers play an integral role in the caring for persons with dementia. The social and economic value of their contributions to the society and to the health delivery system is tremendous. Knowledge, skills and emotional support provided by RCCP enable and sustain their ability to contribute.  

Connecting people with dementia and caregivers early to education and support  
Mary Schulz, MSW, Director, Information, Support Services and Education, The Alzheimer Society of Canada (ASC)
Goals: People with dementia and their family members will be better supported to live with dementia throughout the progression of the disease by getting an early diagnosis and being connected to the Alzheimer Society through First Link®.

Learning Objectives for audience:
1. To understand the importance of being diagnosed early with Alzheimer’s disease and other dementias (2011 Alzheimer Society of Canada (ASC) national survey).
2. To learn about the Alzheimer Society’s First Link® program and other tools to support physicians and their patients with dementia.
3. Key outcomes of the First Link® program (First Link® demonstration projects).

Purpose of Presentation: To learn about the experience of getting a dementia diagnosis in Canada (ASC survey) and ASC’s First Link® program.

Background Information: ASC is committed to promoting an early diagnosis. Its First Link® program supports physicians, health and community service providers in directly and proactively referring people with dementia and their families to the Alzheimer Society (AS) and other community services at the time of diagnosis for support throughout the disease. FL demonstration projects found that on average, those who were referred to the AS via FL as opposed to other channels were referred 11 months sooner. People who are connected to support services early and receive that support throughout the disease tend to be better equipped for the challenges that arise.

Methods and results: ASC’s 2011 national online survey of 958 Canadian caregivers of people living with Alzheimer’s disease or other dementias, found that:
- Canadians are not accessing treatment and support for dementia because of their low awareness of the early signs and symptoms.
- Almost half (44%) of respondents lived a year or more with dementia symptoms before seeing a family doctor because they thought these were just part of normal aging.
- Respondents who knew the benefits of an early diagnosis saw their doctor sooner.
- In hindsight, 75% of caregivers wish that their family member had been diagnosed sooner.

Conclusions: By being connected to their local AS as early in the disease process as possible, people with dementia and their family members develop competency and resiliency in facing the journey through early help and planning.

Disenfranchised Grief and Dementia: An Effective Coaching Intervention to Empower Caregivers
Penny MacCourt, PhD, MSW, Researcher, University of Victoria Centre on Aging
Sandie Somers, CNS, Clinical Nurse Specialist Dementia & Seniors Mental Health
Vancouver Island Health Authority

Goals: To implement, evaluate and disseminate a beneficial and cost-effective intervention, through a variety of modalities, to support caregivers of people with dementia who are experiencing high levels of grief.

Learning Objectives for audience:
1. Describe a coaching intervention to empower caregivers of a family member with dementia
2. Share the results of an evaluation of the effectiveness of this coaching intervention
3. Share tools to inform caregivers and service providers about disenfranchised grief, and to facilitate its management

Purpose of Presentation: The purpose of this presentation is to describe an effective coaching caregiver intervention to increase caregiver sense of empowerment, coping, and resilience.

Background Information: The toll that caregiving takes on dementia caregivers has been well documented. Researchers suggest that much of what caregivers express as burden is actually unresolved grief that originates from losses in the quality of the relationship, roles, control, well-being, intimacy, health status, social interaction, communication, and opportunities to resolve issues from the past. Coping and resilience can be promoted through coaching and will enable caregivers to better manage their roles, providing some protection from the potential negative effects of caregiving on their health and well-being. The area of disenfranchised grief is under recognized by both the caregivers themselves and by care providers and therefore understudied.

Methods and results: A mixed method design using Intervention groups and comparison groups. Intervention has significant effects on caregivers’ levels of grief, coping, sense of empowerment, and resilience
Conclusions: Increase in system capacity and increase in savings to the system. Healthier caregivers and can extend the caregivers ability to provide care at home.

Vascular Risk Factors Predict Gait, Mood, and Executive Function Disturbance in People With Mild Cognitive Impairment. Results From the “Gait and Brain Study”
Akshya Vasudev, MBBS, MD (Pharmacology), MRCPsych, PG Cert Med Ed., Assistant Professor of Geriatric Psychiatry and Medicine, University of Western Ontario
Anam Islam, University of Western Ontario
Manuel Montero Odasso, University of Western Ontario

Goals: To display selected findings from a cohort study investigating gait, emotion and cognition in patients with mild cognitive impairment

Learning Objectives for audience:
1. summarize findings from the empirical literature identifying associations between vascular risk factors and MCI;
2. Appreciate associations between vascular risk factors and a triad of gait, mood and executive function disturbance in older adults with MCI;
3. Recognize potential implications of these associations for preventative strategies in future studies

Purpose of Presentation: Understand the relationship between vascular risk factors and a triad of gait disturbance, depressive symptoms and executive dysfunction in dementia

Background: Mild cognitive impairment (MCI) is a heterogeneous condition affecting up to 40% of older adults. Almost a third progress to dementia. Similarly, gait abnormalities, depressive symptoms
and executive dysfunction, are commonly found in older adults and this “triad” has been linked with ischemic lesions in the brain. Studies also suggest increased vascular risk factors (VRF) in adults with MCI suggesting their role in pathogenesis. To date, the presence of such a triad and its relationship with VRFs has not been described in MCI. We specifically tested the hypothesis that seniors with MCI who have high VRFs will be more likely to exhibit the triad of gait abnormalities, depressive symptoms and executive dysfunction.

Method and Results: Baseline assessment data from the “Gait and Brain Study,” a prospective cohort of MCI at London, Ontario was used for this study. Sixty two participants received bi-annual assessments of cognitive tests (MOCA and Clock Drawing Tests), quantitative gait analysis (velocity) and depression ratings (Geriatric Depression Scale). VRFs were assessed by a modification of the Vascular Risk Factor Index. 44% of the participants had at least one VRF. There was a significant association between VRFs on the presence of the triad (MANOVA, F(3,36)=3.41, p<0.05, controlled for age and sex). Vascular burden was prevalent in our MCI cohort. In addition, VRFs were associated with the specified triad.

Conclusions: A future prospective analysis of this cohort should elucidate potential causal mechanisms for this relationship. VRFs may play an important role in the development of cognitive, mobility and mood dysfunction.

Effects of a physical exercise intervention on the mood of healthy older adults
Genevieve Arsenault-Lapierre, PhD, Postdoctoral fellow, University of Calgary
Stewart Longman, PhD, University of Calgary
Gail Eskes, PhD, University of Calgary, Dalhousie University
Michael Hill, MD, University of Calgary
David B. Hogan, MD, University of Calgary
Marc Poulin, PhD, University of Calgary

Goals: To discuss the effects of a physical exercise program on the mood of older adults

Learning Objectives for audience:
1. To discuss the effects of a physical exercise program on the mood of older adults
2. To discuss test-retest data on mood state questionnaires in older adults

Purpose of Presentation: To report on changes in the mood of healthy older adults before and during a physical exercise program.

Background Information: Although physical exercise has been shown to be associated with better mood, including increased vigour and diminished sensations of tension, fatigue, and anger in adults, relatively little data exists on older populations. One meta-analysis has shown beneficial effects of physical interventions on the mood of older adults. However, vague and variable definitions of mood were often used and the meta-analysis included studies comparing groups that were not similar on mood at baseline.

Methods and results: Profile of Mood States (POMS) short version (30 items) will be given to healthy older adults participating in the Brain in Motion Study. Their mood states will be evaluated four times, six months apart: twice during the pre-exercise phase, once toward the end of the 6-month
exercise intervention phase, and 6-months after the completion of the exercise phase. We will be presenting pre-exercise and intra-exercise data on 50 individuals enrolled in the study. Test-retest analyses will be used to determine the presence of significant change over time. Preliminary analysis reveals that there is a significant improvement in the perceived vigour of 14 participants at the end of the exercise phase compared to the pre-exercise phase (p<0.05).

Conclusions: Assessing whether mood states are affected by an exercise program is essential in understanding the full scope of potential intervention effects. The finding of beneficial mood effects may lead to greater individual interest and public support of such programs.

Reimagining Delirium: A Novel Pathophysiology Model and Neuroimaging Approach
Mark Lachmann, MD, MHSc, FCFP, FRCP(C), Fellow, Geriatric Psychiatry, University of Toronto

Goals: Present a novel model of delirium pathophysiology and describe how fNIRS as a neuroimaging tool can be used in clinical settings

Learning Objectives for audience:
1. Gain an appreciation for the scale and scope of delirium as a public health challenge
2. Understand the threshold model of delirium as a hypothesis allowing further exploration of the underlying pathophysiology of delirium
3. Understand the role functional near infra-red spectroscopy (fNIRS) may play in delirium assessment in real world clinical settings

Delirium, an acute fluctuating confusional state with marked impairment in attention and level of consciousness, is a common problem in the hospitalized elderly. Delirium also has a high morbidity – leading to prolonged hospital stays, and further medical and surgical complications. Delirium as well is associated, either because of its own underlying cause or as an indicator of frailty, with mortality rates of 25 – 30 %. Despite much work from a variety of disciplines in a range of different settings the underlying pathophysiology of delirium is poorly understood. A novel “threshold model of delirium” is presented and discussed in detail. Functional Near Infra-red Spectroscopy (fNIRS) has emerged over the last 25 years as a modality to evaluate cortical function in real-world settings. Despite having been used extensively in neuropsychology fNIRS has not had significant use in clinical research. fNIRS is described as a technology with strengths and limitations. It is presented as a tool with much potential value for delirium research. Results from a pilot study using fNIRS to evaluate the threshold model of delirium will be presented.

A pilot study of a telephone-supported self-care intervention for depression among older adults with co-morbid chronic physical illness in primary care
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Mark Yaffe, MDCM, MCISc, CCFP, FCFP, Family Medicine, McGill and St. Mary’s Hospital Center (SMHC),
Martin Cole, MD,FRSCCP(c ), Psychiatry, McGill and SMHC,
Tamara Sussman, PhD Social Work, McGill,
Kim L Lavoie, PhD, PhD Psychology, UQAM; Chest Medicine, Hôpital du Sacré-Coeur de Montréal; Research Centre, Montreal Heart Institute,
Maida Sewitch, PhD, Medicine, McGill,
Erin Strumpf, PhD Epidemiology and Economics, McGill

Learning Objectives for audience:
1. Define depression self-care interventions.
2. Distinguish supported and unsupported approaches to self-care.
3. Describe gaps in knowledge regarding the effectiveness of depression self-care interventions among people with co-morbid physical illnesses.

Purpose of Presentation: To determine the feasibility of implementing a telephone-supported self-care intervention for depression among depressed adults aged 40 and over with chronic physical illnesses in family practice settings and to compare intervention adherence and outcomes among older (60+) and younger (<60) participants.

Background Information: Although supported self-care interventions for depression are promising, there is insufficient research on the types of depression self-care materials and approaches preferred by those with chronic physical illnesses, many of whom are elderly.

Methods: Eligible subjects had at least mild depressive symptoms as determined by PHQ-9 scores and one of six targeted chronic diseases. Participants received a multi-media toolkit of informational and behavioral tools, and telephone support at standardized pre-determined intervals for up to 6 months. Tool adherence was assessed at 2 months. Outcome measures at 6 months included: severity of depression symptoms (PHQ-9), mental and physical health (SF-12), and health behaviors.

Results: 63 eligible subjects provided written consent and completed a baseline interview; 57 (90%) and 55 (87%) completed the 2-month and 6-month follow-up interviews, respectively. At 2 months, 64.9% had completed one or more informational tools, and 46% had completed a behavioral tool. Adherence to the behavioral tools at 2 months was associated with a greater improvement in depressive symptoms at 6 months, regardless of age.

Conclusions: A telephone-supported self-care intervention for depression was feasible and potentially effective both among older (60+) and younger (<60) participants with depression and a chronic illness.

An Interpretive Scoping Review of Barriers & Enablers to Timely Diagnosis and optimal management of Community Living Persons with Dementia in Primary Care Settings
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Debbie Ayotte, Librarian, Resource Centre on Aging Regional Geriatric Program of Eastern Ontario

Goals: To critically examine barriers and enablers to timely diagnosis and optimal management of community living persons with dementia in primary care.
Learning Objectives for audience:
1. To identify barriers and enablers to optimal primary dementia care
2. To learn about the efforts that have been made to date to strengthen primary dementia care
3. To describe future policy, practice and research initiatives that may be useful in tackling this national and global public health challenge

Background: With the rise in the prevalence of dementia disorders, the provision of dementia care has increasingly come under scrutiny, with primary care physicians (PCP) being at the centre of such attention. Purpose: To critically examine barriers and enablers to timely diagnosis and optimal management of community living persons with dementia (PWD).

Methods: This paper is part II of an interpretive scoping review that synthesizes an extensive body of heterogeneous Western literature published over the past decade, identified by an English language search of electronic databases (Medline, EMBASE, CINAHL, AgeLine, PsycINFO, Cochrance & Current Contents 2000-2011) & other sources.

Results: The current primary care systems in many Western countries, including Canada, face many challenges in providing responsive, comprehensive, safe and cost-effective dementia care. This paper has identified a multitude of highly inter-related obstacles to optimal primary dementia care, including challenges related to: a) the complex biomedical, psychosocial, and ethical nature of the condition; b) the gaps in knowledge, skills, attitudes and resources of PWD/caregivers and their primary care providers; and perhaps most importantly, c) the broader systemic and structural barriers negatively affecting the context of dementia care. To date, most efforts to improve dementia care have been isolated and limited in scope, typically addressing only a subset of these barriers, and often with only modest intensity and limited coordination.

Conclusion: Further progress will require a coordinated campaign of inter-related efforts by a broad spectrum of stakeholders requiring significantly increased levels of commitment and effort, ideally orchestrated by national dementia strategies.

Developing a geriatric mental health videoconference education series
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Lisa Sokoloff, MS, CCC-SLP, Baycrest; University of Toronto
David Conn, MB, FRCPC, Baycrest; University of Toronto
Rob Madan, Baycrest; University of Toronto
Faith Boutcher, Baycrest; University of Toronto
Tim Patterson, Baycrest; University of Toronto
Marianne Saragosa, Baycrest; University of Toronto
Bruce Pollock, University of Toronto, CAMH
Goals: To establish a community of practice for health professionals interested in geriatric mental health through a videoconference education series.

Learning Objectives for audience: Participants will be able to:
1. Recognize the benefits of videoconferencing technology in knowledge translation
2. Describe the development of a national educational needs assessment survey in geriatric mental health
3. Appreciate how a needs assessment survey can inform the creation of a national videoconference education series

Purpose: To develop a geriatric mental health videoconference education series informed by a national needs assessment survey. The ultimate goal is to establish a community of practice for health professionals interested in geriatric mental health.

Background: Advances in telecommunication have generated new opportunities for knowledge transfer in healthcare including videoconferencing of education sessions, allowing access to resources while reducing time, distance and cost barriers. There has been a call for establishment of knowledge networks, in particular for mental health care. An education series focused on geriatric mental health could become an integral piece of such a network.

The Ontario Telemedicine Network receives numerous requests for distance education in geriatric mental health. Accordingly, a need was identified to develop a community of practice through a geriatric mental health videoconference education series. Generally, topics for most education sessions are preselected by organizers without input from key stakeholders. However, implementing a needs assessment is critical before organizing any education series to ensure that the learning needs of participants are adequately identified and targeted.

Methods and results:
- A needs assessment survey was developed and disseminated nationally to health professionals interested in geriatric mental health.
- Results were used to inform the format and content of the education sessions.
- Pilot sessions will be evaluated provincially and beyond using qualitative and quantitative measures.

Conclusions:
- A needs assessment is important when establishing an education series.
- Feedback from participants will be used to adapt the content and format of future sessions.

This project is funded in part by the University of Toronto AHSC AFP INNOVATION FUND 2011 – 2012.
**WORKSHOP ABSTRACTS – Saturday September 22**

**Anti Stigma programming: An Arts Based Approach to Recovery with Concurrent Disordered Older Adults**  
*Marilyn White-Campbell, BA,D.Grt & Burgundy Campbell*

Goals: To provide a framework for addressing stigma from an anti-oppressive framework for older adults with concurrent disorders

Learning Objectives for audience:
1) To provide a framework which addresses stigma through social inclusion programming working with in an anti-oppressive framework for older adults with concurrent disorders
2) To review evaluation results of an arts-based approach to recovery
3) To increase your awareness of social inclusion programming and to encourage positive attitudes toward working with concurrent disordered older adults

Background Information: Living with mental health and addictions is often associated with poorer health, poor social supports and poverty. Positive social activity promotes social inclusion and provides a buffering effect for the many challenges that marginalized individuals face. Opportunities to participate in community activities and access community resources can support improved quality of life. The Art Gallery of Ontario (AGO) is a community resource however attending a major art gallery is often perceived as elitist for a number of reasons, the cost and it is regarded as a hobby of the erudite and wealthy. A partnership was developed between Community Outreach Programs in Addictions (COPA) and the COPA College program was hosted at the Art Gallery of Ontario (AGO) for one semester.

Methods and results: The COPA College Program partnered with the AGO which provide weekly access to the Gallery over an 8 week period with guided tour by an Education Assistant. The guides were given preselected topics and provided a guided tour and discussion with focus paintings by Artists who themselves lived with addictions and mental health issues. All participants completed reflections rating their experience at the AGO. The evaluation results indicated that the experience was extremely positive. The participants commented on the connection between the mental health, addictions and the artist and how they viewed the art, how welcome they felt and on their experience in the art gallery. 80% of participants spoke to others about their experience and 100% reported feeling good when they were at AGO.

Conclusions: We know that an individual’s health status and outcomes is related to more than physical factors, other aspects are equally and perhaps in some cases more important, chief amongst these is social inclusion. This is "the notion of belonging, acceptance and recognition and entails the realization of full and equal participation in economic, social, cultural and political institutions" (York Institute for Health Research). It is about being able to live the kind of life that is considered reasonable in your identified community, to participate in regular activities and be engaged in community life.

Social inclusion programming is an important component of care in the treatment of older adults living concurrent disorders and is a way to decrease the stigma associated with addictions, mental
health issues and being an older person. We know that an individual’s health status and outcomes is related to more than physical factors. We can conclude that exposure to and participation in social inclusion programming has a positive impact on older adults with concurrent disorders. Social inclusion should be an important area of focus when establishing programs for older adults who are marginalized.

A Gentle Persuasive Approach (GPA) in Caring for Persons with Responsive/Aggressive Behaviour

Barbara McCoy, R.N. B.A. GNC(C)

Goals: Provide information on an evidence based practiced and research driven approach to managing escalating behaviour in persons with dementia.

Learning Objectives for audience:
1) Review of principles involved in evidence based practice of approaches to escalating behaviour
2) Review of the methodology and results in researching GPA, to demonstrate the effectiveness of the curriculum
3) Small group activity to understand the meaning and application of "Person Centred Care"

Many front line staff in health care have little or no training in the management of challenging behaviour associated with dementia. GPA is an innovative, evidence and research based education curriculum taught in a one day workshop that addresses the attitudes, knowledge and skill required by staff to work in a respectful manner with persons who have responsive/aggressive behaviour. This one hour workshop will present an overview of the principles of GPA, review the qualitative & quantitative methods used in evaluating the curriculum, as well as viewing a relevant video in demonstrating positive and negative approaches and will also involve the workshop participants in a small group learning activity.

Mental Health comorbidity in Alzheimer Disease and other dementias presents difficult challenges for staff to deliver care in acute, chronic, community and Long Term Care settings.

The prevalence of Dementia in the Community (0.7-8%), Long Term Care (12 - 67%), and Acute Care (7 - 69%) settings is accompanied as well with similar incidence of depressive disorders, Community (1 - 20%), LTC (15 - 50%) and Acute Care (12 - 45%) (Bernstein, A.B. & Remsberg, R.E. (2007) The Gerontologist 4793), 350 - 354. The prevalence of Alzheimer Disease and other dementias increase with age and more or less double in prevalence every decade. Mood and anxiety disorders were found to be substantially more frequent among this population compared to seniors in the general population without dementia (mood disorders 19.5% vs 5.3% and anxiety disorders: 16.3% vs. 4.0%) (Naballamba, A & Patten, S.B.. Cdn J. Neurol Sci. 2010 Mar 37 (2): 186-94

Staff want and need to learn compassionate, effective ways to help when persons with dementia are frustrated and upset. Staff, after escalating incidents report feeling vulnerable, unprepared and helpless in these situations. The overall goal of GPA is to use a person-centred, compassionate approach by staff who respond respectfully and with confidence and skill to responsive/aggressive behaviours of a more escalated nature associated with dementia.
Evaluation results of the GPA program curriculum delivery to staff in LTC indicates that participation in the program:

- builds knowledge, confidence and skill
- builds relationships and interdisciplinary teams
- reinforces commitment to the organizational vision of care

Results of the Pilot Project in Acute Care led to highly statistically significant results in:

- increased staff confidence
- recognizing triggers of agitation
- using self protective techniques
- removing a patient from an unsafe situation

As well as results including:

- Code White Alerts decreased from 11 calls to one call per year
- Fewer reports of incidents involving agitated patients
- Reduced Staff injury
- Reduction in restraint use.

Psychiatric Assessment and Psychosocial Aspects of End of Life Care
William Chimich, MD, CCFP, FCFP, FRCP(C), & Cheryl Nekolaichuk, PhD, RPsych

Goals: To enhance awareness of the shared scope and nature of mental health issues in late life and the end of life

Learning Objectives for audience:

1) To understand the emerging existential and psychosocial paradigms in palliative care
2) To be aware of programs of mental health service delivery for palliative patients
3) To develop a psychotherapeutic approach for communication and support of terminally ill patients and their families

Background: Patients experience a complex array of physical, psychological, social and spiritual challenges, as they struggle to adjust to the aging process and developmental tasks at the end of life. Psychiatric care at the end of life is characterized by multiple, interactive concurrent illnesses and integrated treatment modalities.

Purpose: The purpose of this presentation is to present a clinically-based, holistic and interdisciplinary approach to the assessment and treatment of mental health issues at the end of life. The objectives of this interactive presentation will be to:

- highlight emerging existential and psychosocial paradigms in palliative care, including existential and psychological suffering, demoralization, meaning, dignity and hope
- describe a program of mental health service delivery for palliative patients in a hospice setting
- develop an approach for communication with and support of terminally ill patients and their families

Methods: This presentation will be of interest to all members of the interdisciplinary team who work with patients at the end of life. Using an interdisciplinary focus, we will integrate a variety of teaching methods, including a didactic overview, case study analysis and group discussion.
Outcome: By the end of this workshop presentation, participants will have a greater familiarity with and comfort in assessing and managing psychiatric issues and psychosocial distress at the end of life. The hope is that this psychotherapeutic approach can be integrated with current routine clinical practice.

Merging Methods: Facilitated E-learning as a Knowledge Exchange Mechanism for Dementia Care Providers Interested in Disaster Risk Reduction

*Maggie Gibson, PhD, CPsych, & Sarah Clark*

Goals: The goal of this presentation is to describe the use of a facilitated e-learning strategy to engage care providers in knowledge exchange on an unfamiliar aspect of dementia care: disaster risk reduction.

Learning Objectives for audience:
1) Understand the procedural and technological aspects of producing an on-line facilitated e-learning series.
2) Explore potential applications of this approach for knowledge exchange.
3) Develop content knowledge on the topic of "Frailty, Dementia and Disasters"

Purpose: E-learning is a growing method for delivering education across geographic, temporal and professional boundaries. However, many people prefer a combination of self-study and group process to support their learning journey. The purpose of this presentation is to demonstrate the integrated use of on-line group facilitation and e-learning to engage care providers in knowledge exchange on a largely unfamiliar topic: disaster risk reduction for at-risk older adults.

Background: The Public Health Agency of Canada's Division of Aging and Seniors (DAS) partnered with the Canadian Dementia Resource and Knowledge Exchange (CDRAKE) and the facilitator (MG) to design and implement the series based on the previously developed resource: Frailty, Dementia and Disasters: What Health Care Providers Need to Know (available at [www.dementiaknowledgebroker.ca](http://www.dementiaknowledgebroker.ca)).

Methods and results: Participants from across Canada signed up for a four-part Facilitated E-learning series, joining using telephone and computer to a webinar platform from their home locations. Interactions built into the e-learning modules (fact-myth quizzes, multiple choice questions, opinion items) were made accessible through polls, chat-boxes and discussion periods to enable the group process. Content and process evaluations were positive.

Conclusions: On-line facilitation provides the benefits of expert navigation through e-learning content while learning with and from others who are on a similar quest for greater understanding, capacity and confidence in a new content area. Participants will learn about this knowledge exchange strategy and receive resources for further knowledge and skill development on the topic of disaster risk reduction and the implementation of a facilitated e-learning series.

Quality of Life in Parkinson's Disease: Impact of Neuropsychiatric Aspects and Other Non-Motor Symptoms

*Timothy Holden, MMed(Psych) FCPsych(SA) FRCPC FRANZCP FAPM*
Goals: Provide a comprehensive overview of the current approach to the management of psychiatric aspects of Parkinson's Disease and related conditions.

Learning Objectives for audience:
1) Appreciate the impact of non-motor symptoms on the Quality of Life in patients with Parkinson's Disease and related conditions, with a focus on depression, anxiety and dementia.
2) Appreciate the ongoing attention being given to neuropsychiatric aspects of Parkinson's Disease including empirical treatment studies.
3) Understand the current state of approved and recommended treatments for the neuropsychiatric aspects of Parkinsonism.

Until the early 1990's Parkinson's Disease (PD) was regarded as an almost exclusively neuromuscular disorder and the treatment was strongly focussed on the classic triad of rigidity, tremor and bradykinesia. Over the last few years various studies have repeatedly shown that the Quality of Life (QoL) of most PD patients is impaired more by non-motor symptoms (NMSx), particularly depression (PDd), apathy, constipation, sleep-disturbance and cognitive dysfunction than by the specific neurological symptoms themselves. There is an extensive literature on PDd and QoL in Parkinson's Disease, less so on anxiety and dementia (but still significant), with valid empirical treatment trials emerging steadily. The pioneering work of Braak and others has moved the focus of PD studies well beyond the simple dopamine (DA) paradigm and many effective treatments of PDd and NMSx are not DA based.

This presentation reviews the recent research into the NMSx of PD and PD-plus syndromes (PD+), including current thinking on pathophysiology and pharmacotherapy, both theoretical and empirically derived. Specific attention is also given to current teaching and practice as it relates to non-pharmacological management of neuropsychiatric complications of PD and the PD+ group of conditions as the disease progresses and affected individuals show increasing impairment in various functional domains.

The presentation concludes with an overview of current research and studies underway and not yet concluded or published as well as future directions. The audience will leave with an increased understanding and appreciation of the impact of those aspects of Parkinson's Disease previously relegated to secondary status.

Now that we know what we don't know- what do we do next?: Non-pharmacological sleep interventions for persons with dementia
Cary Brown, PhD, Marie Bullock MSc, Leah Phillips PhD & Donna Wilson PhD

Goals: To raise awareness of both the mental health risk presented by disordered sleep in persons with dementia and evidence-based non-pharmacological sleep interventions

Learning Objectives for audience:
1) Introduction to sleep and its relationship to dementia
2) Develop an appreciation for the significant cognitive, emotional and physical functional impact of disordered sleep in persons with dementia
3) Learn a pragmatic approach to problem solving, share sleep management strategies and acquire an evidence-based resource list.

Purpose of Workshop: Disordered sleep (DS) and its impact on mental health in older adults with dementia is largely overlooked and undertreated. Healthcare providers have limited awareness of this prevalent health issue. This workshop will provide an overview of the relationship between DS and dementia and help participants develop skills and acquire resources to address this issue.

Background: DS is a significant, and largely overlooked, health issue for persons with dementia and for their family caregivers. DS is a contributing factor in psycho-social dysfunction, risk taking behaviors, anxiety, depression, decreased insight and learning, aggressive behaviour and substance misuse, and other health problems. Older adults, and particularly those persons with dementias, are at significant risk for altered sleep patterns and sleep disorders. DS is not only a consequence of many illnesses and diseases, it is also a risk factor, contributing to the onset of a range of mental and physical health conditions. Research suggests that DS and many mental and physical health conditions have a bi-directional relationship such that one affects the other. This exciting proposition means that interventions for DS may reduce the risk for, or lessen the severity of, mental and physical health problems, and facilitate continued independent community living. Healthcare providers have limited awareness of sleep issues and intervention strategies for persons with dementia.

Methods: This interactive workshop will provide a blend of didactic presentation and participant interaction to develop DS awareness and non-pharmacological sleep management skills.

Conclusions: This introductory workshop is suited to all professional groups.

RCPSC Subspecialty Update 2012
Melissa Andrew, MD, M.Ed, FRCPC, & Cathy Shea MD FRCPC

Learning Objectives for audience:
1. To update participants on recent developments regarding approved geriatric psychiatry subspecialty residency programs, applications currently under review, and the challenges of translating RC documents into real time residency training.
2. To review the details of the Practice Eligibility Route for practicing geriatric psychiatrists interested in taking the Royal College exam in Geriatric Psychiatry
3. To provide a forum for questions and answers

This workshop will provide a forum for discussion of current questions and challenges for the participants in the midst of an evolving process of becoming established as a RCPSC subspecialty. The co-chairs of the RCPSC Specialty Committee in Geriatric Psychiatry will provide an overview of the progress to date in developing the subspecialty. Updates on developments over the past year will be highlighted. Topics covered will include the application process and sites of accredited training, examination format, and Practice Eligibility criteria for those currently in practice.
Key Concepts, Resources & Challenges Identifying & Responding to Elder Abuse in 2012  
Elizabeth Minverva Moore, PhD., C.Psych

Goals: Enhance ability to identify and respond to elder abuse and neglect

Learning Objectives for audience:
1) Abuse, neglect, decision-making capacity, vulnerability definitions discussed
2) Review the best problem-solving tools for addressing these complex issues
3) Support clinical-ethical-based decision-making within small and large group discussions

Purpose of Presentation: Interest in elder abuse and capacity is growing. Decision-making capacity is important for seniors and professionals; affects vulnerability to abuse; right to live at risk; clinicians’ intrusiveness. Clinicians can identify needed adaptations/environmental supports that enable comprised individuals to preserve independence and reduce abuse.

Background Information: Elder abuse refers to any actions that cause physical, psychological, financial or sexual harm to an older adult. Neglect involves situations where there is failure to provide necessary care. Many believe that as people age their degree of vulnerability to abuse grows because memory, reasoning, decision-making abilities may decline. Other associated abuse risk factors include increasing dependency, domestic violence history, dementia, addiction, social isolation.

Interest in abuse is growing: are links between aging, vulnerability and our growing aging population. Many seniors want to remain at home even after independent living becomes difficult or unsafe. Social policy of aging-in-place, respecting independence and autonomy for seniors, may also increase social isolation and diminish the opportunity to scrutinize care provided in peoples’ homes and monitor seniors’ overall well-being.

Conclusions: The identification and prevention of elder abuse is relevant to all who work with seniors. This workshop develops knowledge and abilities by providing resources that can improve client outcomes and staff satisfaction and competency.

The Mental Health Commission of Canada’s Guidelines for Comprehensive Mental Health Services for Older Adults in Canada  
Marie-France Rivard, MD, FRCPC

The goal of this workshop is to apply the benchmarks for specialized geriatric mental health services contained in the Mental Health Commission of Canada’s Guidelines for Comprehensive Mental Health Services for Older Adults in Canada through an exercise that takes into account the referral population of the participants in the workshop. At the end of the workshop, participants will be able to use the guidelines to provide effective advocacy in regards to mental health services for seniors of their geographical area.

Learning Objectives for audience:
1. The participants will learn about the benchmarks for specialized services that have been reported in the literature.
2. Through applying these benchmarks to the geriatric population of specific geographical areas, participants will be better able to evaluate existing services in their area and review or confirm their current priorities for advocacy in regards to specialized services.

Purpose of Presentation: This workshop will present information related to benchmarks or targets for staffing for some of the specialized services described in the Mental Health Commission of Canada’s (MHCC’s) Guidelines for Comprehensive Mental Health Services for Older Adults in Canada (Seniors Guidelines). It will also demonstrate how to apply this information when reviewing health services or planning for new services.

Background Information: The purpose of the Seniors Guidelines is to provide up-to-date, evidence-informed and principle-based guidelines and service benchmarks for the planning of comprehensive mental health services for older adults in Canada. Methods and results: The Seniors Guidelines were developed through a review of peer reviewed and grey literature. They were also informed through consultations with stakeholders from across Canada, including seniors, their families, and mental health service planners from each province and territory. The benchmark section of the guidelines is intended to be used to review the existing range of services in a given geographic area and help determine priorities for growth or realignments. These benchmarks can also be used to plan for the development of an adequate supply of human resources in order to meet the mental health needs of a given population. Those involved in service delivery and in planning for mental health services for seniors can apply the processes described in this workshop (or paper) and the information contained in the Seniors guidelines to help address the mental health needs of seniors in their jurisdiction.

Electroconvulsive Therapy Part I: A Core Review of Current Practice
Dr. Kiran Rabheru, MD, CCFP, FRCP; Geriatric Psychiatrist & Associate Professor, U of Ottawa & UBC
Dr. Caroline Gosselin, Professor, UBC
Dr. Peter Chan, Professor, UBC

Learning Objectives:
By the end of this session, participants will be able to:
1. Describe indications and assess risk when selecting ECT for patients
2. Be aware of how ECT technique can affect clinical outcome
3. Consider the role of various anaesthetics and medications in ECT outcome

Electroconvulsive Therapy (ECT) continues to provide a life-saving and effective mode of treatment for a host of serious psychiatric syndromes. This ECT course which has been offered at the CPA for the past 10 years, is divided into two parts. Part I offers a comprehensive review of core practice principles for both novice and experienced ECT providers. Indications, pre-ECT work-up and the process of consent will be outlined. As ECT outcome is closely tied to anaesthetic technique, recommendations, including for the use of etomidate, will be discussed. The evidence behind and indications for bifrontal, bitemporal and right and left unilateral electrode placements will be reviewed. Discussion will further focus on various dosing protocols in use, including titration technique, and age or gender-based dosing formulas. Strategies to minimize adverse effects and maintain symptom recovery will be offered, including the effects of concurrent medication use. These university-based ECT clinicians who are involved in active ECT practice, teaching and research,
provide this course through both didactic and small-group hands-on sessions with the use of ECT devices.

**Electroconvulsive Therapy Part II: Advanced Practice**
*Dr. Kiran Rabheru*, MD, CCFP, FRCP; Geriatric Psychiatrist & Associate Professor, U of Ottawa & UBC
*Dr. Caroline Gosselin*, Professor, UBC
*Dr. Peter Chan*, Professor, UBC

**Objectives:**
By the end of this session, the participant will be able to:
1. explain to their patients the basic science principles behind symptom recovery from ECT
2. be mindful of the impact of electrical waveform choice in ECT outcome
3. recommend continuation/maintenance ECT in appropriate indications

Part II of this electroconvulsive therapy (ECT) course can be considered either a continuation of Part I, or, for those not seeking a core review, an opportunity to focus on more in-depth basic science and clinical issues. New neurobiological findings linked to recovery of symptoms from ECT will be reviewed. The suggested benefits of choosing new electrical waveforms involving lower frequencies and amplitudes and longer pulse trains will be introduced. Decision-making in complex and high-risk settings will be outlined. Providing ECT for patients with co-existent depression and dementia is an art and strategies to potentiate successful outcomes will be discussed. Continuation and Maintenance ECT in treatment-resistant depression may prove to be the turning point in reducing the risk of relapse and therefore special focus will be given to this outpatient mode of treatment. Ample opportunity will be provided for discussion and questions from attendees to learn from one another’s experiences and approaches in complex clinical scenarios. This course will also provide an opportunity to address the persisting stigma against ECT and to ensure it does not create a barrier in adhering to the highest standards of ECT practice in Canadian medical institutions.
**POSTER PRESENTATION ABSTRACTS**

Preliminary results of the McGill Geriatric Lithium-Induced Diabetes Insipidus Clinical Study (McGLIDICS)

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Goals:
To present preliminary results of an ongoing cross-sectional Canadian multi-site study of diabetes insipidus and other side effects of lithium in geriatric psychiatry outpatients.

Learning Objectives for audience:
1) Understand diabetes insipidus and its possible clinical manifestations in the context of lithium use.
2) Understand the rationale and design of a Canadian study investigating lithium side effects in the elderly
3) Understand the preliminary results of this study: what the prevalence of these side effects is in the elderly and how this contrasts with findings in adult patients.

Purpose of Presentation: We wish to present preliminary results of a Canadian multi-site study of lithium side effects in geriatric psychiatry outpatients.

Background Information: Lithium remains an essential treatment for mood disorders. Nephrogenic Diabetes Insipidus (NDI) is a condition linked to lithium use, characterized by excessive urination (polyuria) >3L/day and dilute urine (osmolality < 300mOsm/Kg), which can result in discomfort, sleep disruption, and confusion/hospitalization secondary to hypernatremia. Although NDI is common in lithium-using adults (12-19%), the prevalence of NDI and other lithium side effects (e.g. renal failure) have not been systematically studied in the elderly.

Methods: This is an ongoing prospective cross-sectional study in geriatric (>65) and adult psychiatry outpatients with current or lifetime lithium use at 4 geriatric psychiatry clinics at McGill University and University of Toronto. Patients undergo a fasting urine test, blood test, and a clinician-administered questionnaire for polyuria and hypernatremia. Lab tests include measures of NDI (urine osmolality, blood sodium level), renal (eGFR), metabolic (lipid profile, glucose) and endocrine dysfunction (TSH, Ca2+). Prevalence will be estimated for NDI symptoms and laboratory abnormalities. Geriatric and adult prevalence will be compared using chi-squared and t-tests. Multivariate analyses will be performed as appropriate. Conservatively, we expect to present data on 50 geriatric and 25 adult patients.
Conclusions: Our results will help inform clinicians about the prevalence of NDI and other lithium side effects in the elderly. Systematically comparing adult and geriatric patients will help us ascertain whether the adult literature can be generalized when treating older adults.

A Population-Based Study of Home Care Clients with Dementia in Ontario.

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Nathalie Jetté MD MSc, Community Health Sciences, University of Calgary, Calgary, AB; Neurology, University of Calgary, Calgary, AB;
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Colleen J. Maxwell PhD; Community Health Sciences, University of Calgary, Calgary, AB; Institute for Clinical Evaluative Sciences, Toronto, Ontario; School of Public Health & Health Systems, University of Waterloo, Waterloo, ON; School of Pharmacy, University of Waterloo, Waterloo, ON on behalf of the ideas-PNC research team.

Goals:
To provide a descriptive summary of major sociodemographic, clinical and medication characteristics for all clients (aged 50+) with Alzheimer’s disease and related disorders (ADRD) receiving home care services in Ontario during 2003-2010.

Learning Objectives for audience:
1) Understand the social, health care and service needs for home care clients with ADRD in Ontario relative to several comparison groups.
2) Understand the extent and type of comorbid illness (including other neurological conditions), psychiatric and behavioural issues among home care clients with ADRD in Ontario.
3) Understand the patterns of major medication use (including psychotherapeutic and anti-dementia drugs) among home care clients with ADRD in Ontario.

Purpose of Presentation: To highlight findings on the psychosocial and clinical characteristics of a population-based sample of home care clients with ADRD compared with clients with stroke, other select neurological conditions and no neurological conditions.

Background Information: This is a sub-study of a larger national initiative (Innovation in data, evidence & applications for persons with neurological conditions [ideasPNC]) that aims to provide detailed clinical profiles of persons with 10 priority neurological conditions across different continuing care settings in Canada.

Methods and results: All clients are routinely assessed with the Resident Assessment Instrument for Home Care (RAI-HC) by trained staff from the 14 Community Care Access Centres in Ontario.
Comprehensive data from the most recent RAI-HC for clients aged 50+ assessed during 2003-2010 were examined. The sample included 107,005 with ADRD, 88,975 with stroke, 26,406 with other priority neurological conditions and a comparison group of 323,934 without any priority neurological conditions. Clients with ADRD were older (mean age 83±8 yrs; 64% female) and more likely to show cognitive impairment, psychiatric conditions (including depression, hallucinations/delusions), aggressive behaviours, a recent decline in mood and behavioural status and a distressed caregiver. Use of anti-dementia drugs showed a u-shaped association with increasing cognitive impairment (including among the non-ADRD comparison groups).

Conclusions: This initiative represents a first step in understanding the changing care planning needs for clients with ADRD and other neurological conditions receiving community based services in Ontario. Further analyses will include comparisons with residents of facility based long term care settings in the province.

Results from the CAGP Survey of Brief Cognitive Screening Instruments

Zahinoor Ismail, MD, FRCPC, Diplomate United Council of Neurological Subspecialties – Behavioral Neurology and Neuropsychiatry; Assistant Professor Department of Psychiatry University of Toronto, Clinical Associate Professor, Department of Psychiatry University of Calgary
Ken Shulman MD, Nathan Herrmann MD, Benoit Mulsant MD, Magnus Nilsson MSc, Peggie Willett MA

Learning Objectives for audience:
1) Discuss the principles and practice of cognitive screening for dementia
2) Review the results of the CAGP Survey of Brief Cognitive Screening Instruments
3) Discuss the impact of these findings on current clinical practice in Canada

Purpose of Presentation: To review the results of the CAGP survey of brief cognitive screening instruments.

Background Information: There is little data in Canada describing current screening practices for dementia. This survey was completed in order to determine the frequency of use and perceived characteristics of cognitive screening instruments among Canadian psychogeriatric clinicians.

Methods and results: Members of the Canadian Academy of Geriatric Psychiatry (CAGP) and attendees to the 2010 Annual Scientific Meeting were asked to complete a computerized survey. This survey assessed the perceived characteristics, and frequency of use of 14 instruments.

The survey had a 55% response rate with a total of 155 respondents. The most commonly used instruments are the Clock Drawing Test (CDT), Mini Mental State Exam (MMSE), Montreal Cognitive Assessment (MoCA), and Delayed Word Recall. Ease of administration, tolerability and effectiveness were the perceived characteristics most correlated with frequency of use.

Conclusions: A small number of cognitive screening instruments are used by the majority of clinicians, consistent with previous surveys. In this survey, the MMSE is no longer the most commonly used instrument.
Patient Expectations and Perspectives on Primary Care

Marta Shaw, BA Hons, University of Calgary
Candace Rypien, MSc, UofC, Pat Harasym, MA, UofC, Lara Nixon, MD, UofC, Neil Drummond, PhD, UofC

Goals: The goal of this project is to enable inner-city healthcare providers to improve the quality of care given to marginalized senior’s populations.

Learning Objectives for audience:
1) To understand patient’s perspectives on health care needs among those attending the Alex Senior’s Centre.
2) To understand patient reported barriers to health for marginalized seniors populations.
3) To consider how patient perspectives on health can be used to improve healthcare delivery for this marginalized population.

Purpose of Presentation: To communicate patient healthcare expectations and perspectives in order to improve specialized health facilities and provide marginalized seniors with appropriate health resources.

Background Information: Within Canada, 80% of seniors have chronic health conditions (Health Canada 2002) and as seniors age, they visit medical facilities with increasing prevalence (Vegda 2009). Senior’s populations are plagued with financial and social marginalization (Turner 2005). Understanding patient perceptions of their health care needs is important to help them achieve health goals. The Alex Senior’s Centre’s service delivery model focuses on a multidisciplinary approach to case-coordination which is responsive, accessible and participatory. There is an understanding that health is more than the absence of disease, with an emphasis on holistic approaches. The goal of the Alex is to maximize quality of healthcare delivery to seniors. Health outcomes are linked to patient adherence, which is improved when patients are satisfied with care, thus an examination of marginalized patient healthcare perspectives and expectations is worthwhile.

Methods and results (if applicable): Interviews were conducted with a convenience sample of 32 senior patients at Alex Senior’s Centre. Interviews were audio-recorded and transcribed verbatim. Open coding was used to identify principal themes from transcriptions. Results indicate that patients value accessibility, support for maintaining independence, trust and openness, and feeling valued themselves. Barriers to health were identified as suitable transportation, safe and accessible physical environment and difficulties ‘navigating’ the health care system.

Conclusions: This direct consumer opinion can be incorporated into a Population Health Promotion approach for improving care for elderly at inner city clinics.

Quality of Life for Residents with Dementia Through Active Engagement

Ellen Ayles, MA, The Good Samaritan Society

Goals: Introduce The Good Samaritan Society’s Model of Care that puts as much focus on Quality of Life as it does Quality of Care. Two of the six principles of the model; Meaningful Living and Engagement are addressed.
To share the results of a study done to measure the effectiveness of a tool for documenting levels of resident engagement.

Learning Objectives for audience:
1) Suggested ways to engage residents with dementia through both spontaneous and planned activities that are meaningful and person appropriate to contribute to enhanced Quality of Life.
2) To use a tool for data collection that measures resident participation in the areas of Activities of Daily Living, Household Tasks and Leisure.
3) The benefit of using electronic health records/technology to collect data in comprehensive, user-friendly reports.

Much of the literature stresses that activity plays a crucial role in enabling residents with dementia to lead a fulfilling and comfortable life (Pulsford, 1996). Furthermore, purposeful activity is needed to promote wellness and to prevent the debilitating effects of inactivity (Rogers, 1986). The Good Samaritan Society has successfully served people with dementia in a specifically designed “Cottage” model since 1995. The program component of the Cottage model of care is a key factor in contributing to the residents’ quality of life and well-being. Purposeful activity in our model is encouraged in three domains: Activities of Daily Living, Household Tasks and Leisure. Staff are encouraged to be client centred and focus on resident strengths rather than disabilities and to include them in activities whenever possible. This becomes increasingly challenging as residents progress to the later stages of Alzheimer’s.

Objective: A process to change staff behaviours was needed to improve resident involvement in activities. A Resident Activation form was developed for staff to document resident’s level of participation. This was built into the electronic health record. The purpose of this project was to measure both content and face validity of the Resident Activation Form as well as the effectiveness of the data collected.

Methods and results (if applicable): An Occupational Therapy student from the University was hired to interview staff and managers at 2 facilities where this charting process is being utilized. An established set of questions were used and the interviews were recorded. Interview notes were transcribed and the data analyzed for both face and content validity.

Results: Face Validity: The Health Care Aides (HCA) do not fully understand the purpose of the tool. They had mostly agreed that the tool was useful for those that they work with, but didn’t know who had access to viewing the information. The managers had a much better understanding of the purpose of the tool. Content Validity: The HCAs feel that the form is easy to use. The section on ADLs was the most meaningful to them and they feel that each section captures level of activation appropriately. The managers, however, upon reading the reports produced from the electronic charting system, feel that the summary of resident participation does not capture enough detailed information.

Conclusions: As a result of this study, it is felt that the process is worthwhile. However, the form needs revisions that are user friendly and results in more detailed reports. In addition, ongoing staff education and oversight is needed.
Crossing Boundaries: An Integrated Approach to Staff Safety and Person-Centred Care

Anita Wahl RPN, ADPN, BHS (PN), MN, Clinical Nurse Specialist, Fraser Health Authority,
Deanne Taylor PhD (cand.) Fraser Health Authority
Albert Banerjee PhD, York University

Goals: Report out preliminary research results from a study on an innovative program to quality and safety and discuss possible implications to care practice for vulnerable seniors.

Learning Objectives for audience:
1) Gain understanding of program
2) Gain understanding of preliminary research results
3) Participate in discussion on potential connections between program and caring for vulnerable seniors.

Traditional approaches in health care systems address person-centred care and safety practice as separate issues despite their clear areas of overlap (teamwork, collegial support, valuing, seeking perspectives). This suggests an opportunity for system improvement through changing how practice may be viewed, facilitated, and sustained. On this basis, the Fraser Health Authority Residential Care in British Columbia implemented an innovative approach to integrating safety and quality objectives at the direct care level in 2007. This program is called the PPCA (Partnerships in Person Centered Approaches). The PPCA is an innovative program that incorporates direct care workers in the organization of care delivery. The PPCA program was implemented as a quality initiative built on the assumption that the conditions of work are the conditions of care. The PPCA involves facilitated meetings between staff and management and are an important site of knowledge production and translation of safety and care practices. The meetings have also demonstrated a reduction in costs associated with workplace musculoskeletal injuries. In this presentation, we outline the preliminary findings of our mixed-methods research on this program including: the essential features of the PPCA program and a preliminary analysis of how and why the programs work. Finally, we discuss the potential implications of this program for care practices.

Understanding Long-Term Care Facilities as Communal Living Environments

Maggie Gibson, PhD, CPsych, Psychologist, St. Joseph’s Health Care London
Carolyne Cornthwaite, BA, SSW. St. Joseph’s Health Care London

Goals: To focus attention on the communal living aspects of residential long term care and reflect on what this means for those who live or work in these environments.

Learning Objectives for audience:
1) Key messages from the research literature on communal living will be presented.
2) New resources which address the communal living aspects of residential long term care will be shared.
3) Long term care stigma will be discussed from a communal living perspective.

Purpose: To focus attention on the communal living aspects of residential long term care and reflect on what this means for those who live or work in these environments.
Background: Communal living can have many benefits for people who need a significant level of care however the experience of living with a large group of unrelated adults under one roof is not a recent or familiar arrangement for many older adults before entering a long-term care facility. Two related initiatives were undertaken to increase sensitivity to this issue at St. Joseph’s Health Care London, a large health care organization that includes residential care programs.

Methods and results: A literature synthesis, key informant interviews and focus groups were conducted to develop the "Understanding Long-Term Care Facilities as Communal Living Environments Discussion Guide" for staff. The Guide is available on the Alzheimer Society of Canada (ASC) website. A follow up project was implemented focused on people who are making the transition from community to residential care. Stakeholders assisted with the revision of the organization’s handbooks, websites and brochures and the development of new resources.

Conclusions: This knowledge translation and exchange initiative is assisting us to provide information that will help potential residents and their families to make more informed decisions; to support accountability by increasing transparency about our facilities in our published materials; and to confront the stigma associated with long-term care residency by highlighting its positive aspects.

An Interpretive Scoping Review of Best Practice Recommendations and Evidence of Actual Practices of Primary Care Physicians Vis-à-vis Diagnosis and Management of Community Living Older Persons with dementia

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Debbie Ayotte, Librarian, Resource Centre on Aging, Regional Geriatric Program of Eastern Ontario

Goals: To critically examine the best practice recommendations and the evidence on actual practices of primary care physicians vis-a-vis diagnosis and early management of community living persons with dementia (PWD).

Learning Objectives for audience:
1) To learn about the core recommendations of Western nations’ position papers and best practice guidelines vis-à-vis optimal primary dementia care practices
2) To identify and reflect about the areas of inconsistencies
3) To describe the evidence on the actual physicians’ practices and their concordance with the best practice recommendations.

Background: With the rise in the prevalence of dementia disorders, the provision of dementia care has increasingly come under scrutiny, with primary care physicians (PCP) being at the centre of such attention. Purpose of Presentation: To critically examine the best practice recommendations and the
evidence on actual practices of PCP in Western countries vis-a-via diagnosis and management of persons with dementia (PWD).

Methods: This paper is part I of an interpretive scoping review that synthesizes an extensive body of heterogeneous Western literature published over the past decade, identified by an English language search of electronic databases and other sources. Results: The proliferation of dementia consensus position papers and guidelines is an indication of the recognized importance of dementia management in primary care settings. Despite the variations in the systems of care, there is substantial consistency in the core recommendations concerning the diagnostic evaluation and management of dementia in primary care, which indicates reasonable consensus of what constitutes best practices. This paper describes these core recommendations (e.g., case finding and diagnostic strategies) and identifies the areas of inconsistencies (e.g., disclosure practices). Although there is evidence of some improvements, there are continued challenges in early identification and management of dementia in this setting. Research confirms the lack of timely diagnosis, ineffective communication, inadequate response to psychosocial needs, suboptimal treatment of symptoms, and under-utilization of available community support services in most cases.

Conclusion: International research shows a lack of concordance between the best practice recommendations and the actual realities of primary dementia care.

Cerebrovascular Risk Factors and Suicide Ideation among Older Primary Care Patients

Akshya Vasudev, MBBS, MD (Pharmacology), MRCPsych, PG Cert Med Ed., Assistant Professor of Geriatric Psychiatry and Medicine, University of Western Ontario
Marnin Heisel, University of Western Ontario, Kara Dempster, University of Western Ontario, Jeffrey M Lyness, Rochester University, USA

Goals: To understand relationship between various cerebrovascular risk factors and suicidal ideation

Learning Objectives for audience:
1) Summarize findings from the empirical literature identifying associations between cerebrovascular risk factors and depressive symptoms in older adults;
2) Appreciate the associations between cigarette smoking and suicide ideation in older adults; and
3) Recognize potential policy implications for preventative intervention for suicide in the primary care setting through targeting smoking cessation.

Purpose of Presentation: To assess association between various cerebrovascular risk factors and suicide in a primary care older adult population

Background Information (general description): Older adults have high rates of suicide and represent a rapidly growing cohort in society, necessitating investigation of clinical risk indicators. Theory and research have identified associations between vascular risk factors and late-life depression (Alexopoulos et al. 1997) yet little research exists investigating cerebrovascular risk factors and late-life suicide ideation
Methods and results: We thus analyzed data collected from an NIMH funded study of depression and medical comorbidity among older primary care patients recruited from internal medicine or geriatric clinics in Rochester, New York. Participants were assessed for presence of mental disorders (SCID-I), cerebrovascular risk factors (CVRF), and depressive symptom severity (Ham-D), and their medical charts were consulted for presence of medical illnesses and functional impairment. Cerebrovascular risk factors assessed included systolic blood pressure, antihypertensive therapy, history of cardiovascular disease, diabetes mellitus, cigarette smoking, atrial fibrillation, and left ventricular hypertrophy. It was hypothesized that cerebrovascular risk factors would be significantly associated with suicide ideation and this would be mediated by depression symptom severity. Of the CVRF’s assessed, multivariate logistic regression analysis revealed a significant association between cigarette smoking and presence of suicide ideation, controlling for patient age, sex, presence of cardiovascular disease, and current mood disorder.

Conclusions: This finding is consistent with studies demonstrating associations between cigarette smoking and suicide risk (Clarke et al. 2010) supporting well established findings of negative health consequences of cigarette smoking. This may have implications in identification and prevention of suicide in at-risk older adults presenting in a primary care setting.

Does a tertiary care geriatric psychiatry/neuropsychiatry admission have an impact on the type and amount of psychotropics use in dementia clients?
Carol Ward, MD, FRCPC, Interior Health Authority
Paul Dagg, MD, FRCPC, Interior Health Authority
Caili Wu, PhD, Interior Health Authority

Learning Objectives for audience:
1) Specialized multi-disciplinary assessment can lead to a decrease in severity of BPSD in geriatric and neuropsychiatric in-patients with dementia.
2) Decreased psychotropic medication use can occur with improvement in neuropsychiatric symptoms in clients with dementia.
3) Overall antipsychotic use can be decreased with a tertiary inpatient evaluation.

Purpose of Presentation: The goal of this study examines whether the number of psychotropic medications used on admission declines at discharge with a focus on the use of antipsychotic drugs.

Background Information: Tertiary psychiatric care has been defined as “specialized interventions delivered by highly trained staff to individuals with problems that are complex and refractory to primary and secondary care”. Geriatric and neuropsychiatric clients with dementia admitted to our facility present with behavioural and psychological symptoms of dementia that have been difficult to manage elsewhere. Aggressive and psychotic symptoms are frequent causes of referral. Clients arrive taking multiple psychotropic drugs and often on more than one antipsychotic. The overuse of these drugs is a significant concern. Medication review has been an important part of our client assessment.

Methods and results: A retrospective review of our clinical database was conducted to identify patients who had a primary diagnosis of dementia and had complete medication utilization profiles along with their results from the Clinical Global Impression scale (CGI), Neuropsychiatric Inventory – Nursing Home version (NPI-NH), Cohen Mansfield Agitation Inventory (CMAI), and the Mini-Mental
State Exam (MMSE) on admission and discharge. Paired-sample t-tests were conducted to compare the total numbers of psychotropic and the total scores of the above-mentioned assessments at admission and discharge. Correlation analyses were also performed to assess associations between medication use and symptom severity. The results indicate patients with dementia showed a statistically significant decrease in CGI, NPI-NH and CMAI score, and the total number of psychotropic medications and anti-psychotic drugs at discharge.

Conclusions: With interdisciplinary assessments, patients with dementia can show improved neuropsychiatric and aggressive symptoms with much less psychotropic medications, especially antipsychotic medications.

Use of Clinical Dashboard in Memory Clinic

Mani Santhana Krishnan, MBBS DPM MRCPsych, Consultant in old Age Psychiatry, Lead consultant at the Newcastle memory Assessment and management Services, NTW NHS Foundation Trust, Campus for Ageing and Vitality, Westgate Road, Newcastle upon Tyne, UK

Dr Jonathan Richardson, Clinical Director of Informatics

Mr Ben Scorer, System Development officer

Darren McKenna, Director of Informatics, NTW NHS Foundation Trust

Learning Objectives for audience:
1) To understand the use of Innovative clinical dashboard in the memory clinic Setting
2) To learn ways of providing up-to-date patient information through dashboard
3) To use the dashboard as a tool to receive patient and carer feedback

Purpose of Presentation: To introduce the concept of clinical Dashboard. A visual display board in our memory clinic to provide useful patient and carer information electronically. We also have started using the Dashboard to obtain patient and carer feedback

Background Information: Newcastle memory Clinic was one of the very few memory clinic started in the UK. The memory services have developed over the years and we restructured the service last year to provide memory assessment and management to seniors as a city wide service called Memory Assessment and Management Services. Our site was chosen as a pilot site to develop a patient view dashboard by our informatics department.

Methods and results: Our informatics department collaborated with our clinical staff and developed a pilot dashboard for use in the patient reception area. The equipment itself is a touch screen monitor, which is connected to our hospital network. We have developed simple readable information about the memory services. We have also provided a user-friendly catalogue of information with regard to dementia. The leaflets can be read, printed out or can be emailed directly to patient or carer’s email id from the dashboard. Recently we have incorporated a live feedback system with few simple questionnaire about their experience using the service.

Conclusions: The Dashboard pilot has been a useful initiative in providing up to date information as well as to receive live feedback the quality of our service. We received excellent feedback from the national memory service accreditation team.
Ethnotheatre and Knowledge Translation: Collaborative response work within transformative knowledge exchange

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Mark Speechley, PhD, Associate Professor, Department of Epidemiology and Biostatistics, Schulich School of Medicine and Dentistry, The University of Western Ontario, London, ON

Goals: To examine how ‘perspective transformation theory’ can be leveraged within a context of knowledge exchange among community and long-term dementia care services

Learning Objectives for audience:

1) To describe the processes inherent in ethnotheatre – ie, moving research from page to stage
2) To consider the tenets and merits of employing perspective transformation theory to facilitate knowledge exchange
3) To critically examine two case studies – one from a LTC setting and other from community provider agency setting – where ethnotheatre was used as a catalyst for transformative knowledge exchange as it relates, respectively, to the provision of facility- and home-based dementia care.

Purpose of Presentation: This presentation focuses on the application of perspective transformation theory to the development of both the facilitation guide and analyses of focus group data collected following the viewing of two research-based ethnodramas.

Background Information: Researchers from two qualitative research studies focusing on dementia care collaborated with a playwright and acting troupe to develop two research-based stage plays. Informed from within and designed for the long-term care (LTC) setting, All Behavior Has Meaning features complex interactions among a daughter of a resident with dementia, a LTC home director of care, and three point-of-care staff. Advocating for Hilda, a play informed by ethnographic research examining how home-based dementia care is negotiated among care planners, providers, and recipients, features interactions among a woman with dementia, her children, a personal support worker, and a neighbour.
Methods and results: After being ‘workshopped’ by care providers from LTC and community service agencies respectively, the utility of the facilitation guides that were developed to enable/promote critical reflection and dialogue immediately following viewings of the show(s) were evaluated. By engaging in critical reflection and discourse about that experience, and by reconciling the emotions that the play(s) evoked, a space was created where participants’ responses to the play and to one another lead to knowledge exchange characterized by perspective transformation.

Conclusions: Ethnotheatre participants can experience “disorienting dilemmas” that can, in turn, lead to practice change.

Integrating MDS Information into Suicide Prevention in LTC
*Marilynne Gordon,* Reg.N. BaHS, Regional Manager of Education & Resident Services, Revera Long Term Care  
*Joanne Dykeman,* Registered Nurse, Master of Arts, Leadership Training and Development, Vice President, Clinical Services and Quality

Goals: Can the MDS RAI information assist LTC stuff in identifying residents at risk for suicide?

Learning Objectives for audience:
1) Begin to understand the statistics of risk of suicide in older adults in Canada.  
2) Identify sections of MDS assessments that aid staff in flagging residents at higher risk.  
3) Discuss resources available to LTC staff when a risk in a resident is identified.

Purpose of Presentation: to share the development of an algorithm developed within Revera LTC that integrates data collected from the MDS assessment tool to trigger early detection and intervention for those at risk for late life suicide in LTC homes.

Background Information: Quality of Care and Quality of Life is the goal for providers of LTC. This includes serving the unique care needs of those who might suffer from triggers for late life suicide. When suicides happen in this caring environment they are a source or great distress for all. It was the goal of Revera LTC to examine ways we could use data collected on all Residents currently collected through the MDS data set to trigger early screening and intervention for clients at high risk.

We created an algorithm to create awareness and guide staff towards action and use of CCSMH tools and resources. Furthermore, we were mandated to meet Accreditation Canada ROP (Required Organizational Practice) on Suicide Prevention in Residents in LTC

Our goal is to integrate MDS with the best practices related to late life suicide prevention.

Methods and results:
- Partnership with Dr. Heisel/CCSMH + Revera  
- Analysis of MDS RAI assessments being used.  
- Algorithm production of information flow  
- Research of resources available to our LTC homes once a resident is identified at risk.
Conclusions: Sufficient information can be obtained using MDS RAI assessments to flag residents at higher risk of suicide and through CIHI guidelines, promote further interventions for the resident to reduce the risk.

Learning from the Past and Present as we build toward the Future in the provision of Seniors Mental Health Care
Dianne Dillon-Samson, RN CPMHN C GNC C, Brockville Mental Health Centre, Royal Ottawa Health Care Group

Goals: Assisting other clinicians in appreciating the valuable feedback provided by patients/clients and their families/caregivers

Learning Objectives for audience:
1) Understanding the merits of the feedback provided by patients/clients and their families/caregivers

As our population ages, there is an increasing demand for seniors' mental health services. Increase in demand and finite financial and human resources demands a careful evaluation of services. Our Interprofessional Geriatric Mental Health Community Team strives to provide a service that helps people toward optimum health while conveying messages of hope and healing. We were interested in evaluating our service from the seniors and families/caregivers point of view. We developed an innovative intervention to learn from our seniors and their families/caregivers how they perceived our service. The Client Satisfaction Survey, itself an intervention, is mailed to seniors and their families/caregivers after discharge. We were interested in the congruence between the service goals and approach and the senior’s ratings and perceptions. The survey content and the results to date will be shared in this presentation. The results also feed back into the program/service in a continuous quality improvement loop that leads to promoting mental health and fostering a sense of hope for the future. This innovative intervention, The Client Satisfaction Survey promotes health and strengthens connections and partnerships between seniors and their families and our Geriatric Mental Health Community Team. Building on past practice, the feedback received also helps to build on care practices required for the present and the future.

Exploring how knowledge users become aware of and evaluate the on-line resource - Understanding Pain in Persons with Dementia
Cary Brown, PhD, Associate Professor, Department of Occupational Therapy, University of Alberta
Ashley Schmidt BSc, Department of Occupational Therapy, University of Alberta

Goals: To increase awareness of knowledge translation and evaluation of an online pain health literacy resource for family members of persons with dementia

Learning Objectives for audience:
1) To understand the significance of unrecognized and untreated pain in persons with dementia
2) To learn about new resources to help families manage pain in persons with dementia
3) To increase awareness of the challenges presented in the researcher-to-health care provider-to-family caregiver knowledge exchange process
Purpose: To present the findings of an online survey intended to 1) gain a deeper understanding of researcher-to-healthcare provider-to-family caregiver knowledge translation challenges and 2) gather evaluation feedback from healthcare providers who accessed the family caregiver pain education website www.painanddementia.ualberta.ca.

Background: Co-morbid painful conditions can be neglected as a person with dementia (PWD) loses the ability to communicate. Pain may be expressed through difficult to interpret behaviours. Unnecessary suffering is unethical and has significant functional implications, which increase the burden of care for family members and healthcare staff. Pain health literacy resources for families are important and traditionally have been channelled to families through healthcare providers. The www.painanddementia.ualberta.ca website was widely disseminated to healthcare providers in 2009-2010. However, on follow-up user demographics revealed that families heard about the website through on-line searches as opposed to referral from healthcare providers.

Methods: An on-line survey of healthcare providers who had accessed the website.

Findings: The majority of healthcare providers thought the website was “very useful” for their own learning but did not refer family members of person with dementia. Themes related to time, recall of the resource, and uncertainty about its usefulness to caregivers emerged from the data of those who did not refer. Those who did refer indicated the website was either “very useful” or “useful” for families, easy to understand, and uncomplicated to navigate.

Conclusions: The assumption that educating healthcare providers about resources with the intent that they will onward refer family members was overly simplistic. Other factors (see poster) need to be considered to best meet the pain health literacy needs of family caregivers.

Maintaining Mental Health in the Community: Outcome Evaluation of a Geriatric Mental Health Day Treatment Service

Christine Knight, Ph.D., R.Psych. Geriatric Mental Health, Alberta Health Services, Calgary Zone
Richard Alarie, M.A., R.Psych., Geriatric Mental Health, Alberta Health Services, Calgary Zone

Goals: To describe results of outcome evaluation of new geriatric day treatment service

Learning Objectives for audience:

1) Describe how clients with depression or anxiety can benefit from participation in a geriatric mental health day treatment service

Background: Timely access to community-based psychiatric services for seniors has consistently been recognized as a gap in the Alberta mental health continuum of care. In response, a Geriatric Mental Health Day Treatment Service (GMHDTS) was opened in May 2008 with the goal of expanding treatment options available to seniors with mood and anxiety disorders by providing an alternative to hospitalization and rapid access to outpatient psychiatric assessment and stabilization in the community. Clients enrolled in the GMHDTS attend three days per week for 10 weeks and participate in intensive group therapy and one-to-one support offered by a primary mental health therapist and psychiatrist.
Purpose: To conduct an outcome evaluation of the efficacy of the new GMHDTs to assist with program planning. Do clients in the GMHDTs experience a significant reduction of their mental health symptoms? Do their caregivers feel supported in coping with the psychiatric disorder while maintaining the person at home?

Methods & Results: A retrospective chart review of all clients admitted since GMHDTs’ inception (N=253) was conducted. Analysis of clients’ pre- and post scores on clinical outcome measures will be shared. Qualitative results from focus groups conducted with sample of program clients, as well as clients’ family caregivers will also be discussed.

Conclusions: Recommendations regarding the development and delivery of a geriatric mental health day program in an urban centre will be highlighted.

Addiction Supportive Housing (ASH) Scarborough
Elizabeth Birchall, Executive Director, COPA
Roberta Wong, MSW RSW, Director, Client Care and Community Services, St Paul's L'amoreaux Centre

Goals: To inform the seniors’ mental health community about the unique Addiction Supportive Housing (ASH) Scarborough program for older adults 55 and above with concurrent disorder issues and a history of unstable housing.

Learning Objectives for audience:
1) Gain valuable insight into the development and implementation of this progressive community services partnership between St. Paul’s L’Amoreaux Centre and COPA.
2) To understand the importance of an age-specific approach that offers individuals a specialized intensive wraparound treatment service that seeks to address substance use from a geriatric harm reduction model.
3) To be exposed to the evaluation strategy and clinical process

Purpose of Presentation: To summarize the progressive Scarborough Addiction Supportive Housing (ASH) program and community services partnership

Background Information (general description): Scarborough Addiction Supportive Housing (ASH) is located St. Paul’s L’Amoreaux Centre, 3333 Finch Ave. East. This unique program offers a progressive partnership in community services between St. Paul’s and COPA. ASH is funded through the Toronto Central East Local Health Integration Network as well as Ministry of Health and Long Term Care. COPA provides addictions/concurrent disorder services and St. Paul’s administers the housing aspect of the program. A case manager represented by COPA is based at St. Paul’s to offer individuals a specialized intensive wraparound treatment service that seeks to address substance use from a geriatric harm reduction model. The goal is to provide an older adult specific supportive housing environment that allows individuals to reach their substance misuse treatment goals and access the other services they require in order to improve their quality of life. “…there is a general agreement that the needs of older persons who have alcohol and drug problems are likely to be different from those of younger people and a growing consensus that these needs can be best addressed in elder-specific programs” (West and Graham, 1999).
Methods and results (if applicable): The Ministry guidelines related to ASH program state, “Stable housing is central to attaining treatment goals with housing being part of any comprehensive treatment program.” The guidelines also state: “The goal of the program is to increase the health and social outcomes of people with problematic substance use issues...” The following baseline assessments are being reviewed and completed with each client at the time of the completion of psychosocial assessments: Geriatric Depression Scale, Short Michigan Alcohol Screening Test – Geriatric Version (SMAST-G), Fagerstrom Test for Nicotine Dependence, RAI – Home Care; a comprehensive, standardized instrument for evaluation of needs; Minimum Data Set Home Care (MDS-HC) and Client Assessment Protocols (CAPS). Assessments are followed up regarding evaluation of methods.

Conclusions: Addiction Supportive Housing (ASH) provides a supportive housing environment with a focus on coordination and integration of services, recovery and harm reduction philosophies, responsive to relapsing nature with strong linkages to other community services through an integrated multi-disciplinary teams that builds on existing addiction treatment services with primary focus to meet the needs of older adults through an age-specific geriatric harm reduction approach.

Sense of Community in Long Term Care: The Views of Family Caregivers of Elderly Military Veterans
Ana Petrovic-Poljak, M. Sc., Graduate Student, University of Calgary
Dr. Candace Konnert, Ph.D., R.Psych., Associate Professor, Clinical Psychology, Department of Psychology, University of Calgary

Goals: To present the first study evaluating sense of community among family caregivers in LTC.

Learning Objectives for audience:
1) Gain greater understanding of family caregivers of elderly military veterans.
2) Gain greater exposure to sense of community as a novel manner to understand family-staff conflict in LTC.
3) Receive exposure to unique factors that affect families of military veterans and their caregiving.

Purpose of Presentation: To present the results of the first study to evaluate sense of community in family caregivers of elderly military veterans.

Background Information: Family involvement in long-term care (LTC) is important but it can prove challenging if caregivers do not feel connected to the LTC setting or if they believe that their contributions to care are undervalued. This can result in conflict with staff. Sense of community (SOC) refers to a feeling of belonging, having influence, having needs met and having an emotional connection to individuals in a community (McMillan & Chavis, 1986), and may be particularly essential for family caregivers of military veterans in LTC. This study was the first to evaluate SOC in family caregivers (N=46) of elderly military veterans residing in LTC, as well as staff’s (N=44) attitudes about families, through semi-structured interviews and self-report questionnaires.

Methods and results (if applicable): Caregivers endorsed a SOC and SOC was positively related to key caregiving variables (e.g. family adjustment) and negatively related to conflict with staff. Notably, caregivers’ connections to the military community were positively related to SOC. Multiple regression
analyses indicated that satisfaction with care accounted for the most variance in SOC (32.7%). In addition, front-line staff was found to have poorer attitudes toward families than managerial staff.

Conclusions: In addition to the results stated above, the implications of this study for improving adjustment of families to LTC and improving relations between LTC staff and families will be discussed.

Nursing Students’ Perspectives about the Value of the Tidal Model Philosophy for the Provision of Mental Health Care of Older Adults

Jessica Dhillon, BSc, Student Nurse (BN) – Year 3, University of Calgary, Nursing Faculty
Dr. Carole Le Navenec RN, PhD, Dr. Sandra Hirst RN, PhD

Goals: To highlight the cross cultural effectiveness of the Tidal Model philosophy in addressing the mental health needs of older adults. To illustrate the ingenuity and the flexibility associated with the use of the Tidal Model philosophy as a way of relating with older adults with mental health challenges

Learning Objectives for audience:
1) Appreciate how a person-centered approach can help create enhanced feelings of well-being and security
2) Acknowledge ways that you can discover the salient needs that are currently being expressed in the index person’s verbal and/or non-verbal behaviour
3) Realize the importance of co-creating (index person and carer) ongoing caring interventions (i.e., “drawing out solutions”) during the illness journey

Purpose of Presentation: The purpose of the presentation is (a) to convey the versatility and ease within which Phil Barker’s (2000) Tidal Model philosophy can be implemented to facilitate mental health recovery among all age groups and with various cultural groups; and (b) to discuss the value of the six guiding principles and the engagement beliefs for fostering person centered care and for enhancing feelings of well-being and security among older adults experiencing mental health challenges.

Background Information: A concise overview of the key concepts and components of the Tidal model that will be addressed include: History & rationale behind its development; the three domains; the metaphor of water; 6 guiding principles, the 10 essential commitments /values of the model)

Methods and results: A mini-case study report will be included in the presentation to illustrate how this model was used by selected students in a psychiatric setting that included older adults.

Conclusions: The Tidal model is a easy to use perspective that empowers older persons with mental health challenges to actively participate /co-create their recovery plan with their carer(s).

Psychotropic medication use in an outpatient geriatric clinic

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Alexandra Marin, MD, CCFP, Dip COE, Misericordia Community Hospital, Edmonton, Alberta
Marilou Hervas-Malo, M.Sc., EPICORE, Department of Medicine, University of Alberta
Goals: To present the results from our outpatient experience with an ambulatory geriatric population.

Learning Objectives for audience:
1) Describe the psychotropic medication use of ambulatory older adults.
2) Distinguish appropriate and safe use of psychotropic medications in older adults.
3) Justify initiation of new psychotropic prescriptions for an ambulatory older adult population.

Purpose of Presentation: To highlight use of psychotropic medication in ambulatory older adults.

Background Information: Outpatient care of complex older adults involves management of numerous comorbidities, including mental health issues. There is a perception that psychotropic medications are overused, particularly in older adults.

Methods: A retrospective chart review was conducted through the interdisciplinary seniors clinic at the Misericordia Community Hospital, Edmonton, Alberta. Patients who were seen in the clinic in 2006 or 2007, age 65 years or older, and admitted from a community living setting were included. The data was abstracted by research assistant, entered into Excel database, and analyzed by SPSS 15.0.

Results: A total of 224 charts were reviewed. One hundred forty one (63%) of patients were female; mean age was 80 years (SD 7). Of 224 patient charts reviewed, 105 had dementia, and 89 (85%) of these patients had diagnosis of BPSD. The mean number of medications per patient was 10 (SD 5). The most common class of psychotropic medication used was SSRI (19.6%), followed by cholinesterase inhibitors (15.2%), zopiclone (14.7%), and benzodiazepines (13.4%). Antipsychotics were used in 9.8% of patients, with the majority being used by those diagnosed with dementia and BPSD. Tricyclic antidepressants were used in 7.6% of the sample, the majority being used by those without dementia.

Conclusions: Psychotropic medication use is common but does not appear excessive for a complex outpatient geriatric population. The most common psychotropic medication class used in outpatient older adults is SSRI’s.

Geriatric Telepsychiatry: Removing the Barriers of Space and Time

Susan Harnarine, Manager, Telehomecare, OTN

Goals: To create awareness of how using OTN to deliver psychiatric services can improve collaboration and access to mental health services

Learning Objectives for audience:
1) The benefits of Telepsychiatry for providers and patients
2) A greater understanding of Telemedicine
3) Improved awareness of OTN

Purpose of Presentation: Although OTN facilitated over 150,000 patient encounters for mental health & addictions in 2011-2012, the availability and utility of Telepsychiatry is still not widely understood.
in the geriatric mental health community. This presentation will provide an overview of OTN, telemedicine and telepsychiatry in particular.

Background Information: As the world leader in telemedicine, OTN helps Ontario get more out of the healthcare system, bringing more patients the care they need, where and when they need it. Using two-way videoconferencing, OTN streamlines the healthcare process, eliminating unnecessary travel and giving patients better access to their doctors and other healthcare professionals. In addition to clinical care, OTN facilitates the delivery of distance education and meetings for health care professionals and patients. OTN makes healthcare work smarter, not harder.

Conclusions: Using OTN to deliver psychiatry is highly effective and an accepted means to facilitate mental health care for geriatric patients.

University of Toronto Geriatric Psychiatry Subspecialty Residency Program
Robert Madan, MD FRCPC, Psychiatrist-in-Chief and Executive Medical Director, Baycrest, Centre for Mental Health; Program Director, Geriatric Psychiatry, Assistant Professor, University of Toronto
Susan Glover Takahashi, PhD, Director, Education & Research, Postgraduate Medical Education; Assistant Professor, Department of Family & Community Medicine, Assistant Professor, Dalla Lana School of Public Health, University of Toronto

Goals: Participants will receive an overview of curriculum mapping in this new program

Learning Objectives for audience:
1) Participants will be able to describe the importance of training in non-medical expert roles
2) Participants will be able to describe the concept of curriculum mapping
3) Participants will be able to generate an idea of how to incorporate mapping into their own program

Purpose of Presentation: In 2012, the University of Toronto Geriatric Psychiatry Subspecialty Residency Program received for approval and accreditation from the Royal College of Physicians and Surgeons of Canada. The development of this new program involved detailed curriculum mapping to ensure that the objectives of training are met. The purpose of this presentation is to demonstrate that curriculum mapping can be an effective and useful tool for those who are involved in education and curriculum design.

Background Information (general description): In Canada, physicians training in residency programs are trained and evaluated based on 7 CanMEDS roles: medical expert (knowledge and skills), collaborator, communicator, health advocate, manager, professional, and scholar. It is important that new and existing programs develop methods to ensure that all roles are taught and evaluated optimally. Historically, this has been a challenge, particularly in the “non-medical expert” roles. Curriculum mapping is a technique that can be used in order to ensure that all of the CanMEDS roles are addressed adequately in a training program.

Methods and results (if applicable): Specific curriculum maps were developed for each of the CanMEDS roles throughout this 2-year residency program. Instructional methods and methods of evaluation were developed for the objectives of training and specific competencies. Each core clinical
rotation involved a strong focus on 1-2 non-medical expert roles, which is reflected in the rotation specific objectives and ITER (in training evaluation).

Conclusions: Curriculum mapping is a useful tool for the development of a residency program. It is an effective method of ensuring adequate training and evaluation in all CanMEDS roles.

Preliminary Findings from the Canadian Coalition for Seniors’ Mental Health Late-Life Suicide Prevention Knowledge Translation Project
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Jordan Bowman, H.BSc., The University of Western Ontario
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Kimberley Wilson, M.S.W., Ph.D. (Candidate), University of Guelph

Goals: To disseminate findings of a knowledge translation study designed to enhance healthcare and social service provider knowledge and attitudes towards working with older adults at-risk for suicide

Learning Objectives for audience:
By the end of this presentation, participants will:
1) Gain familiarity with the CCSMH late-life suicide prevention knowledge translation toolkit
2) Be able to demonstrate an understanding of the methodology and preliminary findings of our multi-component KT study
3) Be able to discuss a model for conducting an iterative, sequential evaluation of a complex educational intervention

Purpose of Presentation: To report on the preliminary findings of our late-life suicide prevention knowledge translation project.

Background Information (general description): Older adults have high rates of suicide, necessitating provider education in working with at-risk individuals (Heisel & Duberstein, 2005). This poster describes a study assessing knowledge transfer and attitudinal change among healthcare and social service providers attending half-day training workshops incorporating CCSMH late-life suicide prevention knowledge translation tools.

Methods and results (if applicable): We developed and validated novel scales assessing provider knowledge and attitudes towards working with at-risk older adults, incorporating expert input, a provider focus group, and online data collection. We are using these scales to assess pre-post knowledge and attitudinal change of workshop participants.

Psychometric findings of our online study (N=284; 208 women, M=45.1 years, SD=11.3) supported the internal consistency (α=.96) of our attitudes scale, and the validity of our respective knowledge and attitudes scales compared with existing knowledge (Expanded and Revised Facts on Suicide Quiz; r=.59, p<.01) and attitudes scales (Understanding Suicidal Patients Questionnaire; r= -.81, p<.01), and divergence from social desirability (Marlowe-Crowne scale; r= -.02; r=.19). Preliminary findings from multiple training workshops demonstrated significant increases in participant knowledge.
(t(df=62)= 11.89, p<.01) and attitudes, including enhanced perceived competence in working with at-risk older adults.

Conclusions: Findings indicate acceptable psychometric properties for our KT tools and promise for our training workshops. These findings will be discussed in the context of public health imperatives for late-life suicide prevention.

The Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention: An Online Tool to Find Evidence-Based Mental Health Promotion and Suicide Prevention Interventions for Seniors.

Simone Powell, MA, MSW, Senior Policy Analyst, Public Health Agency of Canada
Alison Stirling, Public Health Agency of Canada
Penny MacCourt, PhD, MSW, University of Victoria

Goals: To showcase evidence-based interventions that address mental health promotion in seniors and suicide prevention and demonstrates their effectiveness in a way that is both practical and scientifically rigorous.

Learning Objectives for audience:
1) To learn about the Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention
2) To learn about best practice interventions that promote mental health among seniors.
3) To learn about best practice interventions that prevent suicide among seniors.

Purpose of Presentation: To showcase evidence-based interventions that address seniors' mental health, including suicide prevention.

Background Information: Since 2009 the Public Health Agency of Canada sought to expand the Canadian Best Practices Portal (CBPP) by including evidence-based best practices related to the promotion of mental health and the prevention of suicide among seniors. The CBPP provides a searchable database of effective interventions related to chronic disease prevention and health promotion. Interventions on the CBPP have been evaluated, proven successful, and have the potential to be adapted and replicated.

Method and Results: Two separate literature reviews documenting interventions related to mental health and suicide prevention among seniors were undertaken. To be considered for inclusion on the CBPP, interventions had to be aimed at promoting health/wellbeing; population and/or community focused, and shown to be effective.

These reviews resulted in seven mental health promotion and three suicide prevention interventions that met the CBPP criteria and which demonstrated positive improvements to the mental health of seniors. Mental promotion interventions focused on promoting mental health through physical activity, mental fitness or managing retirement. Suicide prevention interventions focused on establishing links to between seniors and community based and/or primary care and on increasing health practitioner knowledge.
Conclusion:
A range of community based interventions that specifically target key risk factors, enhance protective factors; link seniors to community-based services and build health practitioner knowledge have shown success in promoting mental health and/or preventing suicide among seniors.