The Canadian Coalition for Seniors’ Mental Health (CCSMH)

SUMMARY ACTIVITY REPORT
January – December 2007

Prepared by the Canadian Coalition for Seniors’ Mental Health
CANADIAN COALITION FOR SENIORS’ MENTAL HEALTH (CCSMH)
BACKGROUND INFORMATION

Mission: To promote the mental health of seniors’ by connecting people, ideas and resources.

Value Statement: Mental illness is not a normal consequence of aging. All seniors have the right and deserve to receive services and care that promotes their mental health and responds to their mental illness needs. CCSMH initiatives are based on this belief and also recognize that seniors...

- Range in age (65 – 100+)
- Live in a variety of community and institutional settings
- Reside in all Canadian provinces, territories and within both urban and rural settings
- Are diverse in terms of their culture, religion, ethnicity, socioeconomic status, ability and sexual orientation
- May experience lifelong mental illness or acquired mental illness after age 65
- Require care to both prevent and respond to their mental health and wellness needs
- May respond to both medical and/or psychosocial models for prevention and care
- Mental health issues may include a wide array of illness including mood, anxiety, addictions and psychotic disorders, in addition to the emotional, behavioural and cognitive complications of a variety of brain diseases such as Alzheimer’s Disease and Parkinson’s Disease

CCSMH Working Principles: Our actions and decisions are guided by:

- Collaboration / Multidisciplinary Inclusiveness
- Transparency / Accountability
- Effectiveness
- Integrity

Strategic Priority Areas:

- Public Awareness & Education
- Research
- Promoting Best/Promising Practices in Assessment, Management and Treatment

<table>
<thead>
<tr>
<th>Strategic Goals</th>
<th>Strategic Objectives</th>
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<tbody>
<tr>
<td>To ensure that seniors’ mental health is recognized as a key Canadian health and wellness issue</td>
<td>1.1 To represent and advocate for seniors’ mental health issues at a national level</td>
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<td>1.2 To facilitate initiatives that create a strong seniors’ mental health research agenda</td>
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<td>1.3 To develop, facilitate and disseminate public and professional awareness of seniors’ mental health issues</td>
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<td>To facilitate initiatives related to enhancing &amp; promoting seniors’ mental health resources</td>
<td>2.1 To provide opportunities for exchange and transfer of knowledge</td>
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<td>2.2 To co-ordinate working groups for the creation of usable educational tools and resources</td>
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<td>To ensure growth and sustainability of the CCSMH</td>
<td>3.1 To increase membership and collaborative partnerships at national, provincial, territorial and local levels</td>
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<td>3.2 To achieve operational and project funding</td>
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<td></td>
<td>3.3 To work with and support seniors’ mental health leaders and champions across the country</td>
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CCSMH – Summary 2007
Since its inception in 2002, the CCSMH has not only grown substantially in number but also has accomplished strategic initiatives and project activities in the following areas:

**Strategic Initiative: National Guidelines Project**

**Project History and Dissemination**

In January 2005, the CCSMH was awarded funding by Public Health Agency of Canada, Population Health Fund, to lead and facilitate the development of evidence-based recommendations for best-practice National Guidelines in four key areas of seniors’ mental health. These include:

- The Assessment and Treatment of Delirium
- The Assessment and Treatment of Depression
- The Assessment of Suicide Risk and Prevention of Suicide
- The Assessment and Treatment of Mental Health Issues in Long Term Care Homes (Focus on Mood and Behaviour Symptoms)

The guidelines were completed in May 2006. Over the past year and a half since the guidelines were completed, the CCSMH turned its attention to the task of disseminating the documents. In order to maximize the benefits of the National Guidelines, the following groups were considered key targets:

- CCSMH members & Steering Committee
- Policy makers and government
- Universities, colleges, and training programs
- Administrators and planners at health care organizations/service providers
- Physicians and health care practitioners
- Professional bodies and communities
- Caregivers, families, general public
- Universities, colleges, and training programs
- Administrators and planners at health care organizations/service providers

Dissemination of the National Guidelines began in May 2006 and has continued throughout 2007.

**Methods of Dissemination**

National distribution has taken place over a number of communications formats and methods, including electronic and printed distribution. Guidelines are available for stakeholders using three different venues. Identified groups and individuals received hard copies of the guidelines (detailed description below). As well, guidelines have been available for all interested parties through the CCSMH ([www.ccsmh.ca](http://www.ccsmh.ca)) website, allowing individuals and/or groups to download the documents and print with no copyright restrictions. Due to the increased demand for hard copies, the CCSMH listed the guidelines on [www.lulu.com](http://www.lulu.com), an online publishing company. Guidelines are available for purchase through this website or through the CCSMH printers. Please see below for a detailed breakdown of numbers:

**Hard Copies**

In 2006, over 11,500 hard copies were disseminated to various stakeholders. These include:

- All 4 guidelines: Guideline group members, Canadian Academy of Geriatric Psychiatry members; Federal/Provincial/Territorial Minister of Health and Seniors; Ontario Psychogeriatric Resource Consultants, Nova Scotia Seniors’ Mental Health Network, Canadian Alliance on Mental Illness and Mental Health (CAMIMH); Community Mental Health Teams
• LTC Guideline: 2, 500 long term care facilities in Canada (addressed to the CEO/Administrator). Sent with an additional survey.
• Delirium, Depression and Suicide Guideline: 1,000 hospitals in Canada (addressed to the Chief Nursing Officer)

In 2007, hard copy dissemination continued. A reprint of the documents was ordered and over 1,000 additional copies were sent to:
• Individual large orders of guidelines (i.e. 100 Delirium - Royal Jubilee Hospital, Victoria; 400 of each - Peterborough Regional Health Centre, PASE Program)
• CCSMH National Conference Workshops (i.e. 85 LTC, 30 Delirium, 20 Suicide, 55 Depression)
• Presentations/Displays at Conferences and Events (approx. 300 of each)
• Pilot Projects (approx 100 each)
• Individual requests (approx 100 each)

**Canadian Journal of Geriatrics Supplement**
As well, a special supplement on the guidelines was published in December 2006 in the Canadian Journal of Geriatrics and was mailed to 10,000 Canadian family physicians. In 2007, over 7000 hard copies of the supplement were disseminated. The document is available in hard copy and electronically available through the CCSMH website.

**Electronic Copies:**
Since the launch of the guidelines, there have been over 11,500 downloads from the CCSMH website. This includes approx. 7,800 downloads in 2006 and 3,476 downloads in 2007. Clearly, there continues to be a strong interest in accessing the documents.

To date approximately 41% of downloads have come from individuals in Ontario when grouped provincially, whereas 29% of downloads are from nurses, when grouped by discipline.

<table>
<thead>
<tr>
<th>As of February 8th 2008</th>
<th>As of December 31, 2007</th>
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<tbody>
<tr>
<td><strong>Distribution by Province</strong></td>
<td><strong>Distribution by Discipline</strong></td>
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<tr>
<td>Province</td>
<td>Count</td>
</tr>
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<td>Alberta</td>
<td>1511</td>
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<tr>
<td>British Columbia</td>
<td>1421</td>
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<tr>
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<td>New Brunswick</td>
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<td>Newfoundland</td>
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<td>Northwest Territories</td>
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<td>Nova Scotia</td>
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<tr>
<td>Ontario</td>
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<tr>
<td>Prince Edward Island</td>
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<tr>
<td>Quebec</td>
<td>466</td>
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<tr>
<td>Saskatchewan</td>
<td>306</td>
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<tr>
<td>Nunavut</td>
<td>10</td>
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<tr>
<td>Yukon</td>
<td>9</td>
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*CCSMH – Summary 2007*
Furthermore, there are 41 international countries that have accessed the electronic guidelines. International downloads overall have been from the following countries:

- Argentina
- Australia
- Belgium
- Brazil
- China
- Denmark
- England
- France
- Germany
- Gambia
- Japan
- Malaysia
- Netherlands
- New Zealand
- Peru
- Scotland
- Singapore
- South Africa
- Spain
- Switzerland
- Taiwan
- Turkey
- USA
- Wales

In 2007, the guidelines were additionally downloaded by individuals from:

- Bermuda
- Columbia
- Qatar
- South Korea
- Bosnia
- Greece
- Romania
- Chile
- Poland
- Serbia

Knowledge Exchange and Engagement
Since the release of the National Guidelines there have been several publications and presentations on the guidelines, both to raise awareness and to promote the use of the guidelines in a variety of settings. Below is a sample of dissemination activities that occurred in 2007.

Conferences and Presentations
In 2006, approximately 30 presentations were provided by the CCSMH on the guidelines. In 2007, the CCSMH continued to provide dozens of presentations and workshops on the guidelines. The focus changed in some cases from Guideline Creation to Implementation. Presentations include:

January 2007
- Baycrest Psychiatry Grand Rounds - Psychopharmacology Rounds: Is Routine Monitoring of Serum Sodium in Older Adults (Both Inpatients and Outpatients) Prescribed an SSRI Essential? Toronto, Ontario

February 2007
- Ontario Psychological Association 60th Anniversary & Annual Conference, Toronto, Ontario

March 2007
- The Greying Nation: Transitions of Care in Later Life, Edmonton, Alberta
- Centre for Education and Research on Aging and Health (CERAH), Thunder Bay, Ontario

April 2007
- Annual General Meeting of the Canadian Geriatrics Society, Banff, Alberta
- Scarborough Grace Hospital, Toronto, Ontario

May 2007
- Geriatric Refresher Day, St. Joseph’s Health Care, London, Ontario
June 2007
- Ontario Gerontology Association (OGA) 26th Annual Conference, Toronto, Ontario
- RNAO International Conference of Evidence-Based Best Practice Guidelines, Markham, Ontario
- Festival of International Conferences on Caregiving, Disability, Aging and Technology (FICCDAT), Toronto, Ontario
- Shared Care Collaborative Mental Health, Quebec City, Quebec
- Canadian Psychological Association, Ottawa, Ontario
- RNAO International Conference on Evidence Based Practice Guidelines, Toronto, Ontario
- Ira Pollack Clinic Day, Toronto, Ontario
- Seniors Health Research Transfer Network (SHRTN) Fireside Chat, Ontario (province-wide)

August 2007
- Guideline International Network, Toronto, Ontario

September 2007
- Canadian Coalition for Seniors’ Mental Health: New Directions in Seniors’ Mental Health, Mississauga, Ontario
- Presentation: Mentalhealthminute (Teleseminar), Ontario (province-wide)

November 2007
- Canadian Association of Gerontology (CAG), Calgary, Alberta

December 2007
- Nova Scotia Association of Health Organizations Continuing Care Fall Forum, Dartmouth, Nova Scotia

Response and Support
To date, the CCSMH has received overwhelming support for the dissemination of the Guidelines. In addition, multiple groups and organizations at the national, provincial, and local level have indicated their support and interest in the transfer of the Guideline knowledge and integration of recommendations into practice. Furthermore, several organizations provided the CCSMH with formal endorsements and support letters. Cataloguing of support continues and more detail is available through the CCSMH.

National Guideline Project: Dissemination and Implementation Phase

In January 2007, the CCSMH submitted a funding proposal (solicited by PHAC) focused on the dissemination and implementation of the guidelines. At the end of August 2007, the CCSMH proposal was accepted and an agreement was signed with the Public Health Agency of Canada, Population Health Fund to move forward with the “CCSMH Guideline Project: Dissemination and Implementation Phase”.

CCSMH – Summary 2007
Project Goal and Objectives
The overall project goal is to further enhance dissemination and to define a set of activities designed to implement and evaluate the CCSMH National Guidelines. Objectives of the project include:
1. To maintain and enhance awareness and accessibility of the guidelines
2. To support the transfer of knowledge and uptake of guideline recommendations through the facilitation of PILOT projects focused on guideline implementation
3. To monitor and evaluate the implementation and use of the guidelines across disciplines, provinces and stakeholder groups

CCSMH Pilot Sites
Given that there are multiple ways to implement the guidelines across all sites and teams given the variations that exist across Canada, the CCSMH will engage in seven separate pilot projects which will provide new knowledge on implementation of the guidelines. These include:

Pilot 1: Dr. Sid Feldman, working with a multidisciplinary team at Baycrest Geriatric Health Care System, has proposed implementation of long term care home recommendations in two separate units within the nursing home.

<table>
<thead>
<tr>
<th>Project title:</th>
<th>Implementation of the Long Term Care Home Guideline at Baycrest</th>
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<tbody>
<tr>
<td>Guideline Focus:</td>
<td>The Assessment and Treatment of Mental Health Issues in Long Term Care Homes (Focus on Mood and Behaviour Symptoms)</td>
</tr>
<tr>
<td>Discipline:</td>
<td>Multiple disciplines including: family medicine, nursing, social work, occupational therapy, psychiatry, personal support workers, education department</td>
</tr>
<tr>
<td>Region:</td>
<td>Ontario</td>
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Pilot 2: Dr. Ken Le Clair, Ms. Kathy Baker and Ms. Salinda Horgan, working with the Ontario Task Force, have proposed implementation of the long term care recommendations through the Psychogeriatric Resource Consultants and their individual regional networks.

<table>
<thead>
<tr>
<th>Project title:</th>
<th>Ontario National Best Practice Guidelines Knowledge, Awareness, and Utilization Projects for Long-Term Care Homes</th>
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<tr>
<td>Guideline Focus:</td>
<td>The Assessment and Treatment of Mental Health Issues in Long Term Care Homes (Focus on Mood and Behaviour Symptoms)</td>
</tr>
<tr>
<td>Discipline:</td>
<td>Nursing, Social Work, Personal Support Workers, Physicians, Psychiatrists</td>
</tr>
<tr>
<td>Region:</td>
<td>Ontario</td>
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Pilot 3: Dr. Marnin Heisel, Dr. Sharon Moore, and Dr. Martha Donnelly, working with the London Health Sciences Centre (LHSC) Geriatric Mental Health Outreach Service, the Centre for Suicide Prevention and the Canadian Association for Suicide Prevention, have proposed to implement recommendations from the Suicide Guideline through the use of an interactive toolkit, based on the program developed by the Centre for Suicide Prevention. Additional support has been established for this initiative with partners in Quebec.
Pilot 4: Dr. Pierre Allard, Dr. Susan Brajtman, and Dr. Pierre Gagnon, (members of New Emerging Teams (NETs) in Palliative Care: Optimizing End-of-Life Care for Seniors; Developing, Evaluating, and Implementing New Interventions in Palliative Care) have proposed a collaboration with the CCSMH to implement the Delirium guideline recommendations specific to the field of palliative care.

Pilot 5: Working through their new and progressive Nova Scotia Seniors’ Mental Health Network, Dr. Keri-Leigh Cassidy, Mr. Tony Prime and Ms. Beth Floyd have proposed the integration of the CCSMH guideline recommendations into their current practices. The group will aim to use the existing structure of their education modules and integrate the guideline recommendations into models to be introduced to the network. The new integrated educational resources will then be piloted throughout the network and evaluated.

Pilot 6: Dr. Diane Buchanan, working with members of the National Initiative for the Care of the Elderly (NICE) mental health work group, has proposed implementation of the depression recommendations through the use of a new toolkit and curriculum.
Pilot 7: Dr. Martha Donnelly, working with members of the Canadian Academy of Geriatric Psychiatry (CAGP) and the CCSMH, using survey tools has proposed to survey the results of the dissemination of the guidelines to the CAGP members to evaluate their impact on practice.

<table>
<thead>
<tr>
<th>Project title:</th>
<th>A Survey of the Canadian Academy of Geriatric Psychiatry: Dissemination and Transfer of Guideline Recommendations into Practice</th>
</tr>
</thead>
</table>
| Guideline Focus: | Assessment and Treatment of Depression  
Assessment and Treatment of Delirium  
Assessment and Treatment of Mental Health Issues in Long Term Care Homes (Focus on Mood and Behaviour Symptoms)  
Assessment of Suicide Risk and Prevention of Suicide |
| Discipline: | Geriatric Psychiatry |
| Region: | National |

By the end of 2007 each pilot was at various stages in creating and implementing a workplan and project charter. Monthly teleconferences with groups occur. Key accomplishments and activities include:

- Half day workshops for several pilots were attended at the CCSMH National Conference. These include: Pilot 1: Implementation of the Long Term Care Home Guideline at Baycrest; Pilot 2: Ontario National Best Practice Guidelines Knowledge, Awareness, and Utilization Projects for Long-Term Care Homes (LTC guideline); Pilot 3: Detection and Assessment of Suicide Risk, and Prevention and Intervention of Suicide: An Ontario, British Columbia, Alberta Partnership to Implementation (Suicide guideline); Pilot 4: Adapting The Canadian Coalition for Seniors’ Mental Health National Guidelines on the Assessment and Treatment of Delirium in Seniors for Implementation and Evaluation Research in Palliative Care Settings (Delirium Guidelines); Pilot 5: The Implementation of National Guidelines Through the Creation of Educational Tools in Nova Scotia; Pilot 6: National Initiative on the Care for the Elderly: Creation of a toolkit based on the Depression Guideline (Depression Guideline).

Pilot 1 (Baycrest): Key accomplishments and progress
- K. Wilson took on the overall project co-ordination which resulted in weekly meetings with a ‘logistics team’ and monthly meetings with the larger interdisciplinary team.
- A family information session and focus group was held in early November to introduce the project to the family members of the residents living in the nursing home.
- Consent forms were distributed to nursing staff and collected throughout the third quarter.
- Focus groups for the nursing staff, personal support workers, and interprofessional teams were scheduled and promoted.
- A media / public relations plan was developed with support from the PR department at Baycrest to help inform staff of the project.
- The Baycrest implementation team was awarded funding from HealthForce Ontario to hire a clinical coach/coordinator to help with the implementation of this project.
- Three student clinical research assistants were recruited to assist with the data collection process.
Pilot 2 (Ontario Task Force): Key accomplishments and progress
- Recruitment of a Program Improvement expert to work with the psychogeriatric resources consultants.
- Commitment from the Alzheimer Knowledge Exchange for a Virtual Café online meeting with all PRCs from Ontario.
- Promotion of the Virtual Café to PRCs and commitment to attend from over 20 participants.
- Preparation and creation of a power point presentation for completion of Phase I of the project and for use during the Virtual Café.

Pilot 3 (Suicide prevention): Key accomplishments and progress
- Ongoing regularly scheduled teleconferences.
- Recruitment of new members from Calgary, Vancouver, and London.
- Creation of a case for a case based learning module. (Appendix C)
- Development of a thorough work plan.
- Creation of a brochure template, based on the work of the NICE pilot project.
- Discussion around collaboration with the Nova Scotia Seniors’ Mental Health Network

Pilot 4 (Delirium and End –of – life Care): Key accomplishments and progress
- Submission and receipt of a grant to CIHR-IA to further support the delirium and end-of-life care pilot and to host a research workshop in January 2008 in Ottawa.
- Ongoing meetings at regularly scheduled intervals.
- Extensive planning for the CIHR funded workshop, scheduled January 21st and 22nd, 2008, including:
  - Booking venue (Elisabeth Bruyere Research Institute, Ottawa, Ontario)
  - Arranging accommodations (Lord Elgin Hotel, Ottawa, Ontario)
  - Drafting list of potential delegates
  - Sending invitations to over 30 selected individuals across Canada and internationally

Pilot 5 (Nova Scotia Seniors’ Mental Health Network): Key accomplishments and progress
- In person meeting with the committee members at Dalhousie University to discuss the details of the project and create an action plan for next steps.
- Review of the current educational modules and revision plan.
- Created a plan for working within the health regions to promote the guidelines.
- Presented at the Nova Scotia Association of Health Organizations Fall Forum on the guidelines and worked with small groups on identify implementation barriers at multiple levels.

Pilot 6 (NICE network): Key accomplishments and progress
- Ongoing of regularly scheduled teleconferences.
- Appointment of new co-chair of the committee, Ms. Simone Powell.
- Revisions to the tool for primary physicians received from group members and external consultants and submitted to graphic artists.
- Final version agreed upon and sent for printing.
- “Lunch and Learn” sessions for residents and staff of two health teams have been
arranged for 4\textsuperscript{th} quarter.
- Recruitment of a graduate student to help prepare power point session for lunch and learns.

Pilot 7 (CAGP survey): Key accomplishments and progress
- Discussion at the CAGP Annual Board Meeting and commitment from members to disseminate and promote survey.
- Commitment from CAGP board members for committee work in creating and reviewing survey questions.
- Renewal of Survey Monkey membership for use of online survey tools.

The current project is being funded until March 2008, with allowances to continue the work until June 2008. Planning for beyond June 2008 will continue to be a topic discussed with the CCSMH Steering Committee.

**Strategic Initiative: CCSMH 2\textsuperscript{nd} National Conference: New Directions in Seniors’ Mental Health**

On September 24\textsuperscript{th} and 25\textsuperscript{th} 2007, the Canadian Coalition for Seniors’ Mental Health (CCSMH) held its second national, multidisciplinary conference entitled \textit{“2\textsuperscript{nd} National Conference: New Directions in Seniors’ Mental Health.”} Approximately 300 participants representing all Canadian provinces and the Northwest Territories were present for this exceptional event held in Mississauga, Ontario. Participants had the opportunity to hear from key leaders, colleagues and caregivers from across the country on a variety of best practices, initiatives and issues central to improving seniors’ mental health.

Day one of the conference offered participants the opportunity to hear from an exceptional keynote speaker, Dr. Louise Plouffe and also provided attendees with the choice to attend several of the paper sessions offering over 55 speakers as well as viewing poster presentations.

*Welcome and Opening Remarks: Dr. Kenneth Le Clair and Dr. David Conn*

Dr. Kenneth Le Clair and Dr. David Conn, Co-Chairs of the CCSMH, provided opening remarks and welcomed all participants. Conference attendees were challenged to consider the opportunities for collaboration and positive action across the country.

*Keynote: Dr. Louise Plouffe – “Seniors’ Mental Health: Clinics, Catastrophes and Curbsides”*

Dr. Plouffe provided a passionate overview of the recent projects undertaken by the WHO in partnership with the Government of Canada including Seniors in Disasters and Age Friendly Cities. She recognized that seniors’ mental health has been neglected as a health policy issue and provided her audience with knowledge on issues such as stigma, raising awareness, resources, lessons learned and successful policy direction.

*Day One Paper Sessions*

Conference participants were invited to attend several paper sessions throughout the day. Over 50 speakers shared their knowledge on topics including: research; best practices in clinical care;
service delivery models, policy initiatives; and caregivers. Presentation handouts are available for download from the CCSMH website www.ccsmh.ca.

**Day Two Panel Session – “The Perfect Storm: Consciousness of Seniors’ Mental Health Issues”**

Day two of the conference began with a distinct interactive panel presentation starring key leaders in the field. The panel included Ms. Judy Cutler (Director of Government Relations, CARP, Canada’s Association for the Fifty Plus), Mr. Scott Dudgeon (CEO, Alzheimer Society of Canada), Dr. William E. Reichman (President and CEO, Baycrest), and Mr. Glenn Thompson (Interim President, Canadian Mental Health Commission). Dr. Ken Le Clair facilitated and invited panel members to respond to the following questions:

- How much does seniors’ mental health matter?
- What strategies for including seniors' mental health into policy and practice should be highlighted, explored?
- How do we raise consciousness about the growth of the baby boom generation?

Panel members integrated key issues into their presentations and also focused on the potential role of the new Mental Health Commission in Canada. Conference participants were invited to raise issues with the panel and triggered interactive discussion on addictions issues, integration of policy into practice and caregivers issues.

**Day Two Workshops**

On day two of the event, participants attended two of sixteen half day workshops including:

- Using Provincial Networks as Tools for Knowledge Exchange: The Nova Scotia and Ontario Experience
- Post Stroke Depression: Models of Care
- Facilitating Seniors’ Mental Health Rough Best Practice Policy and Program Design
- British Columbia’s Dementia Service Framework and Physician Guidelines for Care
- Emergency Preparedness and Mental Health: Seniors’ Issues
- Seniors’ Mental Health Advocacy: Responding to Key Issues in Canada
- Geriatric Psychiatry Modules: Reaching Resident, Nursing and Telehealth Audiences
- The Older Persons’ Mental Health & Addictions Network (OPMHAN) of Ontario: Engaging in an Aging & Depression Initiative
- CCSMH Guideline Implementation: Suicide Prevention Training Tools
- Paving the way to better mental health in the nursing home setting: CCSMH Guideline Implementation in Long Term Care
- Delirium and End of Life Care: Filling the Gap
- Using DementiaGuide for Symptom Identification and Tracking over Time
- Promoting Seniors’ Mental Health in Cancer Care
- CCSMH Guideline Implementation: The NICE Network & the Creation of a Depression Assessment Tool
Highlights from the Conference

- Representation from all provinces, including the Northwest Territories as well as international visitors from Australia, Israel and Lebanon.
- Representation from over 15 disciplines.
- Groundwork was laid for the creation of an advocacy strategy and the creation of a CCSMH Commission Workgroup.
- Workshop participants contributed feedback and guidance for ongoing strategic national projects in the areas of cancer, emergency preparedness, stigma reduction and guideline tool development and evaluation.
- Foundation for the creation of a national awareness campaign on seniors’ mental health.
- Tremendous feedback and sharing of practical knowledge on the implementation of the CCSMH Guidelines.

A conference summary was published in the journal Aging Health (2007) 3(6), 707-710.

Next Steps

The Conference Committee is in discussions regarding the next CCSMH conference which may take place in September 2009.

Strategic Initiative: National Seniors’ Mental Health Research and Knowledge Exchange Network

About the Network

The premise of a Canadian Seniors’ Mental Health research and knowledge exchange network was born out of a Research Workshop sponsored by the Canadian Coalition for Seniors’ Mental Health (CCSMH) in September 2004. Among the 47 key stakeholders who gathered together to discuss the state of seniors’ mental health research in Canada there was unanimous agreement to create an online Seniors’ Mental Health research and knowledge exchange network. The goal of the research and knowledge exchange network is to connect people, ideas, and resources in the interest of research on seniors’ mental health.

Research and Knowledge Exchange Network Objectives

- To provide public access to a database of seniors’ mental health researchers and research information.
- To provide opportunities for interactive exchange of information and ideas pertaining to seniors’ mental health.
- To create linkages to key research stakeholder groups in order to build capacity for seniors’ mental health research in Canada.

Since its launch in May 2006, 99 researchers (24 in 2007) have signed on as members of the CCSMH Seniors’ Mental Health Research and Knowledge Exchange Network and have created their research profiles. The site currently contains the following pages and features:
- researcher database
- abstracts database
- members’ forum
- funding information
- links/research institutions
- feedback / contact us
- about the CCSMH

http://researchnetwork.ccsmh.ca
**Next Steps**
The CCSMH will continue to promote and increase the use of the CCSMH Research and Knowledge Exchange Network on an ongoing basis. All ongoing work and initiatives will incorporate the network to help increase web traffic. As well, strategic partnerships will be enhanced to offer linkages and connections with other networks (i.e. Mental Health Commission of Canada).

**Strategic Initiative: Promoting Seniors’ Mental Health and Cancer Care**

The CCSMH was approached by the British Columbia Psychogeriatric Association (BCPA) in the spring of 2007 to assist in the facilitation of a new project entitled Promoting Seniors’ Mental Health and Cancer Care. The CCSMH and BCPA formalized a contractual partnership and are actively engaged in moving the project forward.

**Project Goal:** To develop the capacity of the health care system to support the mental health needs of older Canadians with cancer.

**Project Objectives:**
1. To bring together the seniors’ mental health and cancer communities to form an expert working group in order to identify the mental health needs of older adults with cancer from diagnosis through palliation, and barriers to meeting these needs.
2. To identify how existing cancer programs and policies within Canada support the mental health needs of seniors, using the Seniors Mental Health Policy Lens (SMHPL) as a framework for analysis and assessment.
3. To build on the work of the CCSMH Seniors’ Mental Health National Guidelines to create a set of Guidelines focused on system/organization features and psychosocial/environmental factors/interventions that support the mental health of seniors with cancer.
4. To disseminate the Guidelines nationally to identified stakeholders in order to increase their awareness of the mental health needs of seniors with cancer and to promote attention to seniors’ mental health throughout the course of the cancer.

In June of 2007, a group was brought together from the seniors’ mental health and cancer communities to review the project goal and to determine scope of the project. Consensus was reached by the group to create a new tool for health care practitioners (front line) which would assist in identifying and providing information on the unique psychosocial needs of seniors with cancer. A small working group continues to meet by teleconference and is currently in the process of creating the first draft of the project tool.

**Strategic Initiative: National and Provincial Advisory Committee Membership**

In 2007, the CCSMH continued collaborations with multiple organizations in order to ensure seniors’ mental health representation within specific projects and to partner with relevant provincial and national strategic projects. These include:
Best Practice in Seniors’ Mental Health Program and Policy Design Project:
The Population Health Fund, Public Health Agency of Canada has awarded funds to carry out a three year project September 2005 - October 2008 Best Practice in Seniors’ Mental Health Program and Policy Design, sponsored by the British Columbia Psychogeriatric Association. The Seniors Psychosocial Interest Group (SPIG) will be responsible for national dissemination and the sustainability of the project. Dr. Penny MacCourt is the principle investigator. The CCSMH Executive Director continues to sit on the Project Committee and attends all quarterly meetings (teleconference).

Post Falls Support: Enabling Seniors CAOT Project:
The Canadian Association of Occupational Therapists (CAOT) and the University of Ottawa, Occupational Therapy Program, have received funding from the Population Health Fund, Public Health Agency of Canada for the project: Post-Fall Support: Enabling Seniors. This project is developing a Post-Fall Support Model and component strategies for seniors who have experienced a fall to enable them to maintain or resume engagement in meaningful activities in the context of home and community. Research has demonstrated that an individual’s health and well-being is influenced by his/her ability to engage in life’s occupations. Withdrawal or changes in occupation can lead to increased dependency, lack of confidence and depression. Seniors who have experienced a fall are at risk for subsequent falls and a decrease in engagement in activities of daily life or occupations. The Post-Fall Support project will address fear of falling, and personal, environmental, and activity-related risk factors for subsequent falls, and strategies to safely resume daily occupations. The CCSMH Executive Director sits on this committee and participates in all teleconference meetings and activities.

Older Persons Mental Health and Addictions Network (OPMHAN):
The Older Persons’ Mental Health and Addictions Network was initiated in 2002 under the sponsorship of the Ontario Gerontology Association. The Network actively seeks out and invites the participation of service providers, consumers and consumer groups, family caregivers, ethnocultural groups, educational facilities, research organizations, governments, and associations with an interest or a stake in the mental health and addiction needs of seniors. To date, the Network includes representation from 50+ regional and provincial organizations, consumers and family advocacy groups. The Older Persons’ Mental Health and Addictions Network of Ontario promotes and actively participates in the development of regional and province-wide older adults’ mental health and addictions strategies which identify and address areas of need including prevention and health promotion, across all chronic mental illness and addiction concerns, and through later-life related disorders. The CCSMH is actively involved in partnering with OPMHAN and sits as an advisory member. The Executive Director attends steering committee meetings and sits on numerous committees, including the sustainability committee. OPMHAN is considered a provincial affiliate organization to the CCSMH and a key partner.

Reach Up Reach Out: Best Practices in Mental Health Promotion for Culturally Diverse Seniors (VON Canada Eastern Region):
The goal of the project is to develop guidelines for best practices in mental health promotion for culturally diverse seniors. The main project deliverables include an easy-to-use tool for community-based organizations and agencies to use in developing culturally inclusive mental health programs for older adults. Additional deliverables include a literature review, an inventory
of mental health promotion programs and strategies from across Canada, and a final report outlining the process undertaken in the development of the guidelines as well as the outcome. The CCSMH Executive Director sits on this project steering committee and attends quarterly teleconferences.

**Key partnerships and committee membership for 2007 include:**

**Seniors and Emergency Preparedness**

**Winnipeg International Workshop on Seniors and Emergency Preparedness Steering Committee** - The Public Health Agency of Canada, specifically the Division of Aging and Seniors and the Centre for Emergency Preparedness and Response, established a Steering Committee on Emergency Preparedness and Seniors to provide expert guidance on planning for an International Symposium on Emergency Preparedness and Seniors (and related work) which was held in Winnipeg in February 2007. The CCSMH Executive Director sat on the planning committee and attended the February 2007 event.

In follow up to the Winnipeg Workshop, the CCSMH Executive Director sits on The Canadian Working Group on Health Professionals and Continuity of Health Services which is exploring the issues of seniors’ emergency preparedness and health professionals.

**Canadian Population Health Initiative (CPHI) – Mentally Healthy Communities Project**

The CPHI commissioned several individuals/organizations to develop original, conceptual pieces on “what makes a community mentally healthy”. The CCSMH Executive Director submitted a piece to the project which will be shared during a workshop and larger national paper.

**Nova Scotia Seniors’ Mental Health Network** – Nova Scotia is the first province to successfully establish a functioning comprehensive seniors’ mental health network. The Nova Scotia Seniors’ Mental Health Network includes representation from numerous groups including service providers, consumers, government, administrators and district health authorities. The mandate of the Network is to:

1. To ensure awareness of the mental health needs of seniors and support the development of integrated and comprehensive mental health services to seniors province wide.
2. To build relationships across provinces in support of seniors mental health.
3. To advocate for and ensure the provision of services to caregivers.

To date, the Network has a number of working groups such as the Depression Group, Standards Group and Conference Planning Group. In addition, group members are invited to share work from their own perspectives and work areas for the benefit of the Network. The Network meets monthly or at the call of the chairs (Tony Prime and Beth Floyd). In January 2007, the Executive Director of the CCSMH met with the Network in Nova Scotia to discuss how the two groups may align and collaborate on future initiatives. The Nova Scotia Seniors' Mental Health Network and the CCSMH continue to work together to ensure that seniors’ mental health remains a priority at a local, provincial and national level.

**National Initiative for the Care of the Elderly (NICE)** – This network brings together the three important professions who provide social, psychological and physical care to older persons in Canada. The Network will invite university educators from gerontological nursing, geriatric
medicine, and gerontological social work to join in a national partnership with their community counterparts who currently provide the educational component of practice for these programs. The overarching goal will be the dissemination of research and best practices for the care of older adults. Specifically, the NICE network will share research about evidence-based practice within an interdisciplinary team across the university to community continuum. Since 2006, the CCSMH has been a member of the mental health working group and actively participates in the creation of a toolkit for family physicians based on the recommendations from the CCSMH National Guideline: The Assessment and Treatment of Depression. In 2007, the CCSMH Executive Director and project manager participated in the NICE Annual Conference and ongoing teleconference meetings. In addition, NICE provided the CCSMH with $5,000 sponsorship for the NICE workshop at the CCSMH National Conference.

**Canadian Research Network for Care in the Community (CRNCC)** - CRNCC is a dynamic partnership between researchers and other key stakeholders including community service providers, consumers and policy makers. CRNCC encourages research and knowledge transfer in home and community care, a crucial, yet under-active research area in Canada. CRNCC operates through membership participation in a virtual network. Currently, the CCSMH sits on the CRNCC Steering Committee and attends quarterly face to face meetings.

**Canadian Institutes for Health Research (CIHR)** - The CCSMH continues to partner and inform CIHR about the CCSMH. The two key Institutes that the CCSMH works with are the Institute of Aging (IA) and the Institute of Neurosciences, Mental Health and Addictions (INMHA). In 2007, the CCSMH Executive Director was asked to participate in the INMHA annual meeting and to present on Models of Partnership and the NGO Outreach Award received in 2005/06.

**Research to Action Program in Dementia (RAPID) / The Canadian Dementia Knowledge Translation Network (CDKTN)** – The CCSMH is currently a participant in a workgroup (chaired by K. Rockwood) which has applied for a CIHR grant to create the CDKTN and to develop a specific training program for new health practitioners and researchers, rooting in knowledge translation and aimed at creating a new brand of dementia knowledge translations collaborators.

In addition, the CCSMH is consulted on an as-needed basis by local, provincial and national groups engaged in strategic initiatives and projects!
SUMMARY OF ADVOCACY ACTIVITIES

Senate Committee on Aging
Following the release of the Interim Report from the Special Senate Committee on Aging, the CCSMH Executive Director was invited to speak before the Senate Committee (May 2007). A formal brief and speaking note was prepared for submission to the Committee and is available through the CCSMH. The CCSMH also responded to a request for information via an online survey in December 2007.

Senate Committee on Social Affairs, Science and Technology & New Mental Health Commission of Canada
Following release of the 2006 final report, “Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada” the CCSMH responded with an official press release and letters to the Senate. The CCSMH supported the movement towards a new Commission by disseminating information to membership regarding the government’s e-consultations and letter campaign. Following the March 2007 announcement for the creation of a Mental Health Commission, the CCSMH engaged in written correspondence with the chair of the Commission (M. Kirby). The CCSMH Executive Director worked within the CCSMH network to encourage applicants to the Commission board of directors and continues to support the Commission staff during their ongoing consultation, formation of committees, goals and objectives. In November 2007, the CCSMH Executive Director was appointed to the Seniors Advisory Committee for the Mental Health Commission of Canada, and has been involved in the creation of the three year workplan for the Seniors Advisory Committee.

Conference Presentations, Advocacy, Other
The CCSMH remains an active participant in multiple areas of public advocacy. Examples of CCSMH activity includes:

- Presentation/Symposium: Ontario Psychological Association (Toronto) February 2007
- Presentation: CIHR (INMHA) Annual Meeting (Toronto) May 2007
- Submission: Special Senate Committee on Aging (Ottawa) May 2007
- Presentation: Ontario Geriatrics Association Workshop (Toronto) June 2007
- Presentation: Collaborative Care Mental Health (Montreal) June 2007
- Poster: Ira Pollack Clinic Day (Toronto) June 2007
- Poster: RNAO International Conference (Toronto) June 2007
- Presentation: FICDAAT (Toronto) June 2007
- Presentation: SHRTN Fireside Chat (Teleseminar) June 2007
- Presentation: Mental Healthminute (Teleseminar) September 2007
- Article: Vital Aging Bulletin, Centre of Research and Expertise in Social Gerontology (CRESG), CSSS Cavendish-University Affiliated Centre (October 2007)
- Mental Health Commission of Canada, Consultation, (Toronto) October 2007
- Mental Illness Awareness Week (Ottawa) October 2007
- Participation at the InterAgency Psychosocial Working Group Meeting (Ottawa) November 2007
Canadian Alliance for Mental Illness and Mental Health (CAMIMH)
The CCSMH continues to be a key member of the CAMIMH group. CAMIMH’s mission is to facilitate and promote the establishment and implementation of a “Canadian action plan on mental illness and for mental health” that reflects a shared national vision for meeting the needs of persons with mental illnesses and enhancing the potential for the positive mental health of Canadians. Through its membership with CAMIMH, the CCSMH is actively involved in the following projects and activities, representing seniors’ mental health in Canada. These include:
- CAMIMH Partners Annual Meeting
- Stigma Workshop
- Mental Health Literacy Project
- Mental Illness Awareness Week (MIAW)

In 2007, the CCSMH Executive Director was nominated by CAMIMH to take on the role of Management Committee Member and Treasurer. The CCSMH Executive Director participates in monthly Management Committee meetings in addition to full membership meetings (teleconference and face-to-face).

Canadian Mental Health Affiliate - Canadian Health Network (CHN) Advisory Group - Creation of Frequently Asked Questions
CHN is a national, non-profit, bilingual web-based health information service. In 2007, the CCSMH continued to be involved with the Advisory Group and updated the Frequently Asked Questions in order to provide information related specifically to seniors’ mental health. The Executive Director attends quarterly teleconference meetings for this group.

CCSMH Pamphlets and Fact Sheets
The CCSMH information pamphlets were revised in 2006 into convenient postcard updates containing information about the CCSMH as well as details about the Guidelines, the Research and Knowledge Exchange Network and the Conference 2007. Since January 2007, several hundred postcards have been distributed across the country. These will be updated in 2008.

Website
The CCSMH website was launched in 2004. Between January and December 2007, over 278,700 hits were received. The following provides more detail related to the website.

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The CCSMH membership continues to grow on a daily basis. Between January and October 2007, 76 new members were recorded. Current membership is approximately 900 individual members and 90 organizations.

**New Individual Members - (76)**
- Ontario: 14 new members
- Quebec: 2 new members
- Alberta: 3 new members
- Manitoba: 3 new members
- British Columbia: 4 new members
- New Brunswick: 1 new members
- Newfoundland: 1 new member
- Nova Scotia: 4 new members
- Prince Edward Island: 0 new member
- Saskatchewan: 0 new members
- Yukon/NWT/Nunavut: 1 new member
- USA/International: 6 new members

**New Organization Members (6)**
- St. Boniface/St. Vital Geriatric Mental Health Team
- Interior Health, South Okanagan Home Health Care and Coordination of Services
- Independence Care
- Eastern Health Newfoundland and Labrador
- Alliance Rights Nigeria
- Rouge Valley Health System – Psychiatric Outreach Program

**CCSMH Staffing**
Currently the CCSMH has one full time Executive Director and a full time Project Manager. In 2007, the Executive Director supervised a 2nd year Master of Social Work student with a specialization in gerontology from the University of Toronto in addition to a student from Ryerson University.

**CCSMH Steering Committee**
- Canadian Academy of Geriatric Psychiatry
  - Dr. David Conn (co-chair)
  - Dr. Ken Le Clair (co-chair)
- Alzheimer Society of Canada
  - Mr. Scott Dudgeon
- CARP- Canada’s Association for the fifty plus
  - Ms. Judy Cutler
- Canadian Association of Social Workers
  - Ms. Marlene Chatterton
- Canadian Caregiver Coalition
  - Ms. Esther Roberts
- Canadian Geriatrics Society
  - Dr. Chris Frank
- Canadian Healthcare Association
  - Ms. Leslie Arnold / Dr. Kiran Rabheru
- Canadian Mental Health Association
  - Ms. Kathryn Youngblut / Dr. Taylor Alexander
- Canadian Nurses Association
  - Dr. Sharon Moore
- Canadian Psychological Association
  - Dr. Venera Bruto
- Canadian Society of Consulting Pharmacists
  - Ms. Pronica Janikowski
- College of Family Physicians of Canada
  - Dr. Chris Frank
- Public Health Agency of Canada – advisory
  - Dr. Louise Plouffe / Ms. Simone Powell
- Executive Director (April 2004 – November 2007)
  - Ms. Faith Malach
- Executive Director (November 2007 - Current)
  - Ms. Kimberly Wilson

For further information, please contact Kim Wilson at (416) 785-2500 ext 6331 or kwilson@baycrest.org