President’s Report ............................................................ 2
Upcoming Conferences .................................................. 2

REPORTS
Communications Update ................................................ 4
CCSMH Report ................................................................. 8

NEWS
Regional Update: Atlantic Canada ................................. 5

ANNOUNCEMENTS
Does the CAGP meet your needs - Survey ............... 4
2006-2007 Board of Directors ........................................ 5
Call for Associate Editor & 5 Board Members .......... 9
Call for Volunteers ............................................................. 9
Call for Fellowship Awards ............................................ 10
Call for Workshop Presentations .................................. 11
Call for Poster Presentations ....................................... 12
2006 Annual Scientific Meeting ................................. 12
The Board of Directors met for a strategic planning session prior to the Annual Scientific Meeting in November 2005. The Vision, Mission and Core Values were reviewed and slightly revised.

**VISION**
To be key opinion leaders in education, research and in public policy on psychiatric issues affecting Canadian Seniors
- To provide leadership in the field of Geriatric Psychiatry.
- To provide leadership to partnership opportunities that promotes seniors mental health.

**MISSION**
The Canadian Academy of Geriatric Psychiatry (CAGP) is a national organization committed to fostering professional and academic excellence for its members within the field of Geriatric Psychiatry to promote the mental health of Canadian seniors.

**CORE VALUES REVISITED**
- A range of educational initiatives is key to professional excellence.
- Subspecialization and recognition of Geriatric Psychiatry as distinct, with its own body of knowledge and skills is needed to create better psychiatric care for seniors.
- We are leaders in the development and dissemination of knowledge and promotion of best practices.
- Networking, partnerships and teamwork create additional capacity to influence change.
- Promotion and enhancement of seniors well-being or overall health and quality of life is core of all our activities.

The Board decided to focus on five broad goals, which support our Vision, Mission and Core Values, over the next three years. Specific activities were defined to work towards each of the broad goals:

1. **To promote the development dissemination, utilization and retrieval of Best Practices.**
   **Activity:**
   i. To support CCSMH in development of guidelines on depression, delirium, suicide and psychiatry in long-term care and to host workshops at the 2006 Toronto Annual Scientific Meeting for knowledge transfer.
   ii. To support the CCMHI in development of a Primary Care Geriatric Mental Health Tool Kit.

2. **To promote research in Geriatric Psychiatry and senior’s mental health activities.**
   i. To continue to fund CAGP residents and fellowship awards (to be handed out at the Annual Scientific Meeting).
   ii. To support poster awards for the Annual Scientific Meeting for student posters.
   iii. To be co-collaborators with the Canadian Society of Geriatric Medicine for the publication of Geriatrics Today.
   iv. To provide leadership through the CCSMH for the creation of a multidisciplinary research network.

3. **Education Goals.**
   3.1 **To work on education to address human resource shortages in geriatric psychiatry (recruitment).**
   **Activity:**
   • To work with the CPA and Royal College to define subspecialized training and have Geriatric Psychiatry recognized as a formal subspecialty.
3.2 Ensure that general psychiatry has the knowledge and skills to provide care.

**Activity:**
- To work with the CPA to define core competencies for general psychiatric training.
- To support geriatric psychiatry symposia at the CPA.

3.3 To influence attitudes, knowledge and skills of all future and current physicians in providing care.

**Activity:**
- To work with the Third Canadian Colloquium on Dementia to recognize the role of geriatric psychiatry in the care of dementia.

3.4 To collaborate with other disciplines to provide knowledge for the development of educational programs.

3.5 To work on CME for geriatric psychiatry, including a focus on creating educators.

**Activity:**
- To continue to support an Annual Scientific Meeting.
- To work towards supporting the creation of educators.

3.6 Public and policy education.

4. **To work on communications.**

**Activity:**
- Conduct a survey of the CAGP membership in the spring of 2006.
- To publish a newsletter twice a year.
- To expand and update the CAGP website on a continuing basis.
- To collaborate with the Canadian Society of Geriatric Medicine on the Geriatrics Today journal.

5. **To work on advocacy and public policy.**

**Activity:**
- Partner with CCSMH.
- Create policy for the CAGP on advocacy issues.

The Board welcomes feedback from any of its members on our goals and activities as defined. Please e-mail any comments to info@cagp.ca

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**Upcoming Conferences**

**Canadian Geriatrics Society - Annual Scientific Meeting**
April 20-22, 2006
The Sutton Place Hotel
Vancouver, British Columbia

**International Psychogeriatric Association**
3-6 May 2006
European Regional Meeting
Lisbon, Portugal
www.ipa-online.org

**7th National Conference on Shared Mental Health Care**
**collaborative-care: Interdisciplinary Imperative**
May 11 – 13, 2006
Calgary, Alberta
www.shared-care.ca

**International Psychogeriatric Association 13th Congress**
14-19 October 2007
Osaka, Japan
www.ipa-online.org
I would like to take this opportunity to introduce myself to the Membership of the Canadian Academy of Geriatric Psychiatry. On November 2, 2005, I was appointed to the Board and persuaded to take on the role of communications.

At the present time, the definition of what that portfolio should be responsible for is somewhat vague! Whilst there is a role with regard to this newsletter and also a role within contributions to “Geriatrics Today” the reasons I was prepared to take on the role, was my sense over the last few years that outside of the conference and the newsletter’s communication in a two-way direction was not common.

The website is currently being upgraded and as such, could provide an opportunity for the development for some “chat rooms”, where members could ask questions of each other or those people they consider experts. Would this be something the membership would be interested in? Another issue is whether part of the web should be accessible to members only. This could be achieved by using a password, which could be provided on your membership card to the Academy.

How do you get to ask questions of the Board or raise issues of interest with the Board?

I am suggesting that you might like to use the Communications Director as a conduit to this activity. What kind of articles would you like to see in the newsletter? These are all questions that might be appropriate for me to take responsibility for. Of course, all things do not occur in one direction! I am hoping through the communications and newsletter to set up the opportunity for each Region on a rotating basis to provide updates on what is happening within their own Division, Health Authorities, as well as interesting developments, presentations, conferences etc., that may be occurring that may be of interest to members outside of that Region. Interestingly, my experience has been that we have a rich diversity of educational opportunities, but often those opportunities are not made known to the membership at large until it is too late, if at all. We could use the newsletter as an opportunity to update people. The plan is for the newsletter to be produced three times a year, the Summer to update members of the upcoming conference, the Late Fall in order to provide some summaries of presentations etc., and the Spring.

Of course, like everyone else I have to squeeze these activities in around my regular clinical and administrative work, but I would encourage members who have questions or ideas to contact me at stuart.sanders@calgaryhealthregion.ca in the hopes that we can make the communications portfolio a more interactive one.

Does CAGP Meet Your Need?

On the second of November 2005, the Board of the Canadian Academy of Geriatric Psychiatry met to review and adapt a survey that will be coming forward. Part of this survey is designed to look at whether the CAGP vision, core values, mission statement, goals, specific initiatives and communications are meeting the needs of the membership.

Over the course of the next few weeks, you should be receiving a survey in the mail (If you have paid up your membership for 2006, hint, hint!) and I would like to encourage everybody to be frank and honest in responding to this questionnaire. This is an attempt to provide an opportunity from membership, to offer some direction as to the way they would like to see the Canadian Academy developed and the Board look forward very much to seeing the observations made by members.

Dr. Stuart Sanders, Communications Director
Hello from Halifax. In local news, the Capital District Seniors Mental Health team grew this August from four to six psychiatrists—Dr. Cheryl Murphy and Dr. Catherine Hickey joined staff, after completing their fellowships in geriatric psychiatry. Dr. Mark Bosma is working on education modules in geropsychiatry during his fellowship this year, and Dr. Matthew Morgan, senior resident, is researching experiences of loss and grief in family members caring for patients with dementia. Drs. Morgan and Bosma received CAGP awards for their projects in Vancouver last fall. In other team news, Dr. Chisholm is planning to step down as clinical section head. Many thanks to Dr. Chisholm for much hard work and commitment to the team over the past five years. The new clinical leader is yet to be officially announced.

At the provincial level, the Department of Health and Mental Health Services from across the province came together to form the Nova Scotia Seniors Mental Health Network in 2005. Through the Network, connections are being made among many disciplines around the province to support program development. The recently-developed national guidelines from the Canadian Coalition for Seniors Mental Health were reviewed, with the intent to eventually implement the guidelines provincially. The Network will promote the recently-developed “Standards of Seniors Mental Health Care” for the province (see below), and we plan to hold a multidisciplinary conference for the region this year.

The Ontario initiative “P.I.E.C.E.S” Program has come to the province of Nova Scotia. The project continues to roll out into the Long Term Care sector to address issues around providing care and support to patients with behavioural challenges in the context of dementia. To date, education sessions have been offered in all areas of the province with positive feedback.

Finally, province-wide telepsychiatry consultation services are expanding, with formalized service being offered to each Mental Health Chair
Dr. Martha Donnelly

Education
Dr. Melissa Andrew

Director
Dr. Keri-Leigh Cassidy

Past President & Chair of CCSMH
Dr. David Conn

ASM Chair
Dr. Rene Desautels

Policy Chair
Dr. Elisabeth Drance

Membership
Dr. Nadine Gagnon

Sponsorship Chair
Dr. Kiran Rabheru

Communication
Dr. Stuart Sanders

Vice President/Education
Dr. Catherine Shea

Treasurer/Secretary
Dr. Marlene Smart

Director
Dr. Sarah Thompson

Section Chair
Dr. Liliam U. Thorpe
Background

- The number of seniors is growing from 12.5% to 18.9% of the Canadian population by 2002 (1). This will place an unprecedented demand on Nova Scotia’s capacity to address seniors mental health needs.
- Mental health problems in seniors are often unrecognized and untreated. This leads to worsening prognosis for medical problems, increased mortality and increased physician visits as well as premature institutionalization and caregiver distress (2).
- There is an especially high amount of mental illness in long-term care facilities (3,4).
- The number of dementia cases in Canada will double from 1994 to 2031 (5).

Nova Scotia faces challenges in providing mental health care

- Diagnosis in seniors can be difficult
- Ageism and mental illness stigma
- Poor access to service and limited transportation, especially in rural areas
  - For example, there are few geriatric psychiatrists - Nova Scotia has only 4.6 clinical FTE of geriatric psychiatrists. The number should be 15.6 FTE using the standards set in British Columbia and Ontario of 12.5/10,000 population (6,7). Many districts have no seniors service.
- Outdated service delivery models that don’t reflect the complex and changing health needs of seniors
- Lack of coordination between service modalities such as geriatric medicine, emergency health services, home care, continuing care and mental health services
- Lack of support for caregivers
  - 70% are women; 36% are over 70 years old (8)
  - Up to 46% are depressed (9)
  - Unpaid caregivers save the government $5 billion per year in Canada (10)

Seniors Mental Health - Core Program Description

The program is a client- and family-centered, community based, outreach/outpatient/inpatient service which provides:

- Complex assessment and specialized treatment
- Consultation to full range of service providers in health and community sectors
- Early intervention
- Liaison with continuing care sector
- Health promotion, prevention, and education
- Advocacy
- Research and program evaluation
- Access to general service beds (medicine and psychiatry) at the district/shared district level
- Access to specialty beds at the provincial level

Goal Statement

All Nova Scotians will have access to an integrated, comprehensive program for the management of seniors’ mental health

- To ensure mental health needs for seniors are understood, identified and responded to at the appropriate service level to enhance quality of life
- To ensure health promotion, early intervention and education in seniors’ mental health are key elements available across the continuum of care
- To support and participate in research initiatives directed at improved care for seniors

Seniors Mental Health “Network”

- An important part of the goal statement is to set up a network of interested professionals addressing the issues of education, advocacy, service coordination and provision of support for complex cases. This will ensure access to specialized seniors services across the province.
- A strong provider network is a cornerstone to the facilitation of information exchange and best practices.
- Each district will participate in the provincial network.
Health Standards in Nova Scotia
Beth Floyd², John Campbell³
², Capital District Mental Health, Halifax, Nova Scotia
³, Capital District Mental Health, Halifax, Nova Scotia
Department of Health, Nova Scotia

Discussion
Standard Statements for Seniors Mental Health

1. Each district identifies clinicians to assess and treat/refer individuals seeking seniors mental health services.

2. Outreach service in each district consists of at least one clinician and one physician (generalist or specialist) with knowledge in seniors mental health.

3. The clinician(s) provide
   a. Liaison with other services
   b. Linkage to primary care physicians
   c. Triage to appropriate level care at either local or provincial level for seniors services
   d. Participation in the provincial network

4. Services are client and family centered.

5. Referral protocol is clearly defined, widely distributed and routinely revised, incorporating user input.

6. Access to specialty service is through the family physician and accepted from other sources as necessary.

7. Referral criteria for outpatient/outreach service are
   a. 65 years of age or older with:
      i. First onset of psychiatric disorder OR
      ii. Exacerbation of existing psychiatric disorder complicated by aging process
   b. Dementia at any age

8. A comprehensive seniors mental health assessment is conducted.

9. District Health Authorities seniors service planning process includes recognized agencies and organizations providing care, treatment and or support to seniors and their families.

10. Seniors mental health clinicians collaborate in the development of core curriculum for clinical training with secondary education organizations.

11. Each district has information available to assist the public, individuals family, community groups and other community agencies in understanding and accessing services.

12. At admission and throughout the patient’s treatment, the treating team involves the patient’s family, referring service and other relevant agencies/services in discharge planning.

13. Discharge planning from the hospital unit is initiated at the time of admission.

14. Clinicians have access to continuing education in seniors mental health.

15. Services with university affiliation serve as centers of clinical expertise accessible from across province in assisting seniors’ mental health program development, clinical case consultation, research/academic pursuits, advice on medicolegal issues and education of health care professionals.

16. Promotion, prevention and advocacy activities occur at provincial, district and local levels and in collaboration with relevant agencies as appropriate.

References
1. Statistics Canada www.statscan.ca; population projections for the years 2021 and 2026
National Guidelines for Seniors’ Mental Health will be ready for dissemination to CAGP members in the Spring of 2006.

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

- Assessment and Treatment of Delirium
- Assessment and Treatment of Depression
- Assessment and Treatment of Mental Health Issues in LTC Homes (focus on mood and behavioural symptoms)
- Assessment and Prevention of Suicide

Between April & February 2006, small workgroups identified and evaluated existing guidelines, reviewed primary literature and formulated new documents with recommendations and rationale.

Project Goal: The overall project goal was to lead and facilitate the development of evidence-based recommendations for best-practice guidelines in key areas of seniors’ mental health.

Target Audience: The target audiences for these guidelines are multidisciplinary Canadian health care professionals and teams who work with the population group aged 65+.

Guideline Workgroups: A group of experts on seniors’ mental health issues were brought together to become members of one of the four CCSMH Guideline Workgroups. Co-leads for the workgroups were chosen by members of the CCSMH Steering Committee, and through recommendation. Once co-leads were selected, guideline development group members and consultants were chosen using a similar process. One of the goals in selected group members was to ensure multidisciplinary (i.e. psychiatry, family medicine, geriatricians, nursing, social work, pharmacy, psychology, etc.) and provincial representation. The following individuals served as Co-leads for the guideline workgroups:

- Dr. David Conn & Dr. Maggie Gibson: The Assessment and Treatment of Mental Health Issues in LTC Homes (Focus on Mood & Behaviour Symptoms)
- Dr. Adrian Grek, Dr. Sharon Moore & Dr. Marnin Heisel: The Assessment of Suicide Risk & Prevention of Suicide
- Dr. David Hogan & Dr. Laura McCabe: The Assessment and Treatment of Delirium
- Dr. Marie France-Rivard & Dr. Diane Buchanan: The Assessment and Treatment of Depression

Guideline Dissemination: Between May and December 2005, the draft guidelines were disseminated to numerous stakeholders for review and consultation. This included distribution to workgroup members, consultants and attendees of full day workshops on the guidelines at the CCSMH 2005 National Best Practices Conference. In addition, between October 2005 and January 2006, additional individuals including consultants, the Public Health Agency of Canada, Federal/ Provincial/ Territorial government groups, CCSMH members and organizations had the opportunity to review and provide feedback on the documents.

Once the guidelines are in a final form (April 2006), they will be electronically circulated to CCSMH partners and members reaching thousands of physicians, practitioners, administrators and policy makers across the country. Printed copies will be disseminated to relevant stakeholders including long term care facilities, appropriate universities /educational bodies, professional colleges and associations (i.e. CAGP), policy makers and determined health practitioners and facilities.

The CCSMH has begun the process of presenting on the guideline project at provincial and national meetings and has begun to identify opportunities for publication of the guidelines in academic journals.

For further information on the Guideline Project, please contact Faith Malach, Executive Director, Canadian Coalition for Seniors’ Mental Health (CCSMH) at fmalach@baycrest.org
The Canadian Academy of Geriatric Psychiatry and "Geriatrics Today" have had a formal partnership, dating back to the days when the Journal was published by Kenilworth Media. This relationship is being honoured by the current publisher John Birkby of Andrew John Publishing Inc. and edited by Dr. Chris MacKnight. However, they are looking to make some changes to the journal, that will see the publication become more of a true health sciences journal, which he hopes to have indexed in Index Medicus in the very near future. There will be 2 supplements publishing this year, one on medical education in the area of geriatrics, and the other based on the new congestive heart failure guidelines from the Canadian Cardiovascular Society.

Dr. MacKnight, Editor of the Journal will be re-evaluating the editorial board and wants to include more of our members, and have our organization better represented. Mr. Birkby plans to re-visit the document and make revisions to better represent the parties involved and the goals of groups like the CAGP and the CGS. As part of this process, some members of the board will be meeting Dr. MacKnight and Mr. Birkby in late April. In the meantime, Dr. MacKnight has indicated they are changing the editorial board, to be a more active one and requests the CAGP nominate(soon) 5 people to be on the board, plus a 6th to be an associate editor. The general members would best include a mixture of experienced, widely-published people and more junior representatives.

According to Dr. MacKnight, “The Board will be more active than before, with meetings (both face to face and by teleconference) to discuss the growth and direction of the journal. Board members will also be asked, occasionally, to help with reviews of articles. The associate editor will need to be able to devote several hours a week to the journal. They would need to organize the peer review for articles as assigned by the Editor (typically 1-2/month) - this involves reviewing the article for both appropriateness and editorial requirements, finding peer reviewers, sending the article to them, ensuring reviews are completed, sending the reviews to the author, reviewing the response, and then presenting the article to the editor and other associate editor for a final decision. One associate editor will be from the CAGP and one from the CGS. One of these would succeed to the editor position at an as yet to be determined interval, to be replaced by a member from the same organization. It would be expected that the Editor position would alternate between CGS and CAGP.”

Associate editors may also take on responsibility for supplements, special issues and special projects as needed.

Therefore the board of CAGP is asking members to indicate if they are interested in any of these positions, or whether they would like to learn more about them.

Nominees are asked to reply with their current academic affiliation, address, and 3-5 key words to describe their particular expertise to Dr. Martha Donnelly.

Call for Volunteers

The CPA CPD committee chaired by Dr. Susan Abbey has requested the CAGP to have a representative. Anyone who wishes to volunteer to be that representative should contact Reena Vohra at info@cagp.
It is my pleasure to write to inform you of the CAGP Fellowship Award. The Canadian Academy of Geriatric Psychiatry will be offering $5,000 to help support a one-year fellowship in geriatric psychiatry beginning in July 2006.

The goals of the fellowship award are:
• to provide graduating psychiatrists with some financial assistance to participate in a specialty advanced training program in geriatric psychiatry;
• to assist academic geriatric psychiatry programs in developing fellowship training programs; to recruit more psychiatrists to the field of geriatric psychiatry;
• to recruit more faculty to academic programs across the country; and
• to increase the membership and profile of the CAGP as the voice of geriatric psychiatry in Canada.

This funding is to be utilized to protect some time for the award’s recipient to develop and complete an academic project in the area of research, education or program development. It should also be used, if possible, to fund their travel to the CAGP annual meetings; one at the beginning and one at the completion of their fellowship.

Fellowship Requirements
Fellowship applicants must be Canadian citizens, have completed their psychiatric residency training and be eligible for, or have received, their FRCPC. The fellowship program will be of one-year duration, occur at one of the 16 medical schools in Canada that has a psychiatry training program and should provide the fellow with a diverse clinical experience in geriatric psychiatry. Fellows are expected to complete an academic project in the area of research, education or program development. The Fellow will be expected to present their project at the CAGP annual meeting following their fellowship training.

Fellowship Application Process
Given that not all academic sites in Canada have established fellowship training programs, the application process should provide a brief description of the proposed program. Applicants are advised to visit the CAGP website to integrate the subspecialty training guidelines into their proposal, as appropriate. These guidelines were established in 1994 and are currently being updated.

Description of the fellowship program should be approximately 3 to 5 pages, double-spaced, and should include a brief description of the following:
• core clinical components – service description and duration;
• supervising faculty and their credentials (must be full members in good standing of the Canadian Academy); proposed academic project; and other sources of financial support.

This should be accompanied by:
• A letter indicating their reasons for pursuing a fellowship.
• Letters of support from supervising faculty indicating recommendation and commitment to facilitate the proposed project.
• Applicant’s curriculum vitae with both current and permanent contact information.

Applicants must submit six copies (including original) of the required materials in the above order.

The Fellowship Selection Committee of the CAGP will review all applications. They will be judged based on merit.

Application materials must be received by March 15, 2006. Please submit your completed application package with all sections clearly marked to:

Education Committee
(CAGP)
255-55 St. Clair Ave West
Toronto, ON M4V 2Y7

The successful applicant will be notified by early May 2006.
As Chair of the Annual Scientific Committee I am pleased to invite you to submit an Abstract to conduct a Workshop at the Canadian Academy of Geriatric Psychiatry Scientific Meeting to be held at The Fairmont Royal York Hotel, Toronto, Ontario on the 9th of November 2006.

Workshops focus on specific topics or themes in geriatric psychiatry and often present several points of view. Topics should be timely and relevant to geriatric psychiatry. Workshops must be highly interactive, lively and informative with a significant opportunity for audience participation. Workshops will last approximately one hour.

Instructions

1. Abstracts for Workshops must be received at the CAGP head office By April 30th 2006.
2. Please include the title, the goal(s) and three learning objectives and abstract text of approximately 250 words. Learning objectives must indicate what the participants will learn from the presentation in terms of knowledge, skills or attitudes. They should clearly describe what participants will be able to do differently after attending the session.
3. Presenters will be required to provide a one page executive summary of the lessons learned for inclusion in the CAGP newsletter and/or Journal.
4. Audiovisual aids will be provided as requested on the submission. It is the responsibility of presenters to provide a laptop computer for use with an LCD.
5. In keeping with the principles of Maintenance of Certification (MOC), a minimum of 25% for the total workshop time must be allotted for discussion.
6. You will be notified of the Program Committee’s decision regarding your submission by late Spring 2006.

All presenters and co-presenters must register for the meeting and pay the appropriate registration fee.

7. It will be assumed that the presentation will be made in the language in which the abstract is submitted.
8. The submission form must be provided electronically either through email or by mail with a diskette. An on-line submission form can be found at www.cagp.ca For manual submissions, print and complete the forms and mail package, including diskette copy (abstract text, goals and objectives) to the address given below.

Submissions must be sent to:

Dr. René Desautels
CAGP
55 St Clair Ave. West - Suite 255, Toronto ON M4V 2Y7
Or info@cagp.ca
The CAGP will be holding its Annual Scientific Meeting on November 9th, 2006. The meeting has been designed to address the information and networking needs for all professionals who work with older adults with mental health problems. There will be keynote speakers, interactive workshops, and panel discussions on current issues.

As Chair of the Annual Scientific Committee I am pleased to invite you to submit an Abstract for a Poster Presentation at the Canadian Academy of Geriatric Psychiatry Scientific Meeting to be held at The Fairmont Royal York Hotel, Toronto, Ontario on the 9th of November 2006.

• There will be 30 Minutes of protected time for poster presentations and dialogue.
• An Award of $500 will be presented at the meeting for the best poster.

Instructions

• Poster Abstracts must be received at the CAGP headoffice by August 30th, 2006.
• Please include the title and a short summary of the presentation.
• Posters should adhere to CPA guidelines.

Awarded Poster presentations will be published in one of the CAGP’s publications (Newsletter, Annual Report and/or Geriatrics Today). It will be assumed that the presentation will be made in the language in which the abstract is submitted.

The form must be provided electronically either through email or by mail with a diskette. An on-line submission form can be found at www.cagp.ca. For manual submissions, print and complete the forms and mail package, including diskette copy to the address given below. Submissions should be sent to:

Dr. René Desautels
CAGP
55 St Claire Ave. W. - Suite 255
Toronto ON M4V 2Y7

2006 Annual Scientific Meeting
Thursday, November 9, 2006
The Fairmont Royal York Hotel

The CAGP will be holding its Annual Scientific Meeting on November 9th, 2006. The meeting has been designed to address the information and networking needs for all professionals who work with older adults with mental health problems. There will be keynote speakers, interactive workshops, and panel discussions on current issues.