

**Provincial Seniors Mental Health Network**  
[http://www.gov.ns.ca/health/mhs/services\\_seniors.asp](http://www.gov.ns.ca/health/mhs/services_seniors.asp)

**Activity Report Newsletter: January 2011**

*Introduction*

This inaugural Seniors Mental Health (SMH) Network Activity Report Newsletter is in recognition of the need to promote good communication between our SMH Network and the Department of Health, the District Mental Health Program Directors, and our community partners and stakeholders regarding the Network's activities. In the current economic climate, there is no room for waste or inefficiency in health care spending or funding. The SMH Network intends through this communication to promote its own efficiency, effectiveness and value of the organization for our province, partners and stakeholders. We also hope that a regular communication highlighting network activity will promote progress in developing and implementing a provincial strategic plan for seniors mental health care. We believe that with good communication and a shared vision, the SMH Network can play an essential and effective role in helping to meet the mental health needs of senior citizens in Nova Scotia.

- Keri-Leigh Cassidy, Chair, Seniors Mental Health Network

*Network's Purpose: Background*

We have an uneven population distribution in our province, with half of the population and all of the subspecialty mental health resources in Capital District. The Department of Health adopted a provincial "network model" as a cost-efficient mechanism to develop clinical care standards and increase capacity across the province. There are currently three mental health subspecialty networks in the province: Seniors, Eating Disorders and Early Psychosis.

The Seniors Mental Health Network differs from other specialty mental health networks in that our population involved is much larger and predicted to increase greatly over the coming years. The form and function of the Seniors Mental Health Network also differs from the other networks in terms of membership, frequency of meetings, organization and its direct affiliation with the Department of Health. The SMH Network serves as a vehicle for capacity-building in district clinical service, and provides leadership for policy and practice in seniors mental health to meet growing provincial population needs.

*Demographic Changes*

Nova Scotia is now ranked the "oldest" province in Canada- the only "growing" demographic in Nova Scotia, the seniors population will double from 15% to 30% of our population in 20 years. While the majority of seniors cope well with the challenges of aging, 20% of seniors living in the community and 60% in long-term care and hospitals will face a mental illness ranging from dementia, depression and anxiety disorders, and require professional help to manage. Nova Scotia also has a high percentage of caregivers (36% of the population), most caring for a senior with a mental health issue, and themselves are at risk for depression, anxiety and chronic stress.

## **Brief History of the SMH Network:**

Established in early 2005, the Seniors Mental Health Network involved broad-based membership from the beginning including representatives from the district health authorities, the department of health and community partners. The **purpose** of the network was to, “*to build capacity for seniors mental health services.*” The **mandates** were:

- *To ensure awareness of the mental health needs of seniors*
- *To build relationships across the province in support of seniors mental health.*
- *To support the development of integrated and comprehensive mental health services to seniors province wide*
- *To advocate for and ensure the provision of services to caregivers as defined by Caregivers Nova Scotia Association.*

Early on, the network *established mental health standards in seniors mental health.* (See **Appendix A**). In subsequent years, all districts completed annual “self-assessment” gap analyses, a summary of the gaps between current services and provincial standards.

## **Comments from Seniors Mental Health Network Members regarding membership:**

“Members feel that Network meetings help them to appreciate a provincial perspective and context, increase managerial awareness and priority on seniors, improve clinicians’ morale, passion and energy for their work, and enhance confidence and capacity to collaborate with others in their districts. In-person contact is invaluable for the majority of members, yet a hybrid use of teleconference or phone conference might be used for those otherwise unable to attend network meetings.” - *Meeting minutes, Roundtable discussion, Sept 2010*

The SMH Network Membership includes representation from:

- Each District Health Authority (*Note: currently no representative from Districts 1 and 3*)
- Dept of Health Mental Health Services
- Dept of Health Continuing Care Services
- Dept of Community Services Family and Community Supports
- Dept of Seniors
- Primary care
- Consumers/family
- Alzheimer Society of Nova Scotia
- Caregivers Nova Scotia
- Geriatric Medicine/ Family Medicine
- Health Association of Nova Scotia
- University
- Others as required

For a complete list of our current membership and activity reports for SMH Network district representatives, please see **Appendix B**

## **Brief Report on SMH Network Accomplishments:**

### **2007:**

- Network hosted provincial networking conference in Seniors Mental Health- attended by over 100 physicians and over 250 clinicians from around the province. See conference brochure with program details (**Appendix C**).
- Network disseminated public education on depression through the Department of Health Depression Toolkit.
- Began Provincial Seniors Mental Health Teleeducation series, a monthly seminar that continues to the present and is broadcast to all districts in conjunction with Dalhousie University, and Continuing Medical Education. (See **Appendix D**).

### **2008:**

- Developed Seniors Mental Health Assessment package for use by the district mental health teams, and using existing provincial resources promoted knowledge exchange/ learning, clinical excellence and evidence-based decision making in SMH in the province
- Collaborated with Dalhousie University and the **Canadian Coalition for Seniors Mental Health** in provincial knowledge transfer study by disseminating tCCSMH national guidelines in seniors mental health. Network model proved to be a valuable mechanism for knowledge transfer at a provincial level. The results of study were published in the *Canadian Journal of Geriatrics* in 2010.

### **2009:**

- Network developed a SMH provincial Helping Tree which could be modified for each district. An example of a SMH Helping Tree can be found on Capital District's website.
- Held a strategic planning session facilitated by Mr. Wayne Marsh (See report in **Appendix E**). Key outcomes included clarification of Network's roles, mapping out focus for next two years, and identifying critical success factors.

### **2010:**

- Completed an environment scan regarding seniors mental health resources across Canada with recommendations for seniors mental health service development for Nova Scotia (See **Appendix F**).
- Disseminated Alzheimer Society's Facilitator manual for "Family Caregiver Education Series" – network members facilitated this 6-week education series for families of persons with dementia (eg. Dr. Ellen Jost, Mary Ritchie, RN, Wenda MacDonald).
- Collaborated with Department of Seniors to produce a health promotion effort at the **50 Plus Expo**, "*The Joy of Aging: A Mini-Wellness Fair*" – a public education event that was well-received (See brochure **Appendix G**); Network invited back to Expo 2011
- Disseminated the "*The Joy of Aging*" seniors mental health promotional event throughout province including Antigonish (Ronata Brophy, RN), Truro (Shauna Maltby Doane, RN) and Yarmouth (Dianne Corbett, NP).
- Collaborated with the CCSMH to organize and host the **Canadian Coalition for Seniors' Mental Health 4<sup>th</sup> National Conference** in Halifax on September 27-28, 2010—Conference attracted over 250 participants, received local media coverage, was

attended by the Minister of Health and Minister of Seniors and had high provincial participation rate with 19 presentations given by Network members or their colleagues in Nova Scotia. For a complete list of local/ network conference presenters see **Appendix H**. For conference program details see <http://www.ccsmh.ca/en/default.cfm>

- In collaboration with the CCSMH, SMH Network launched an **Atlantic SMH Network** linking our four Atlantic provinces; developed Terms of Reference (See **Appendix I**)

#### **Other SMH Network accomplishments in 2010:**

- Established a relationship with HANS and Continuing Care council
- Added a Federal presence at the table with a rep from DVA
- Collaborated with Department of Seniors regarding the positive aging strategy and our common goals
- Drafted a provincial SMH Health Promotion proposal
- Started a “SMH clinical café” and SMH Clinicians’ Network
- Collaborated with Dr. Pilon to secure a co-op student to help with network activity
- Completed a provincial SMH needs-assessment survey, to share with the NS MH Strategic Planning Group
- Initiated a process to develop recommendations to submit to the NS Mental Health Strategic Planning Committee

#### **SMH Network Priorities in 2011-2012**

Stemming from the strategic planning session and recommendations from the provincial survey, the Seniors Mental Health Network efforts in 2011-12 will consolidate around the following 4 key priority areas: 1) *improved communication*, 2) *provincial and national collaboration and networking*, 3) *public education and health promotion*, and 4) *enhanced clinical services, closing gaps in meeting provincial standards, and education/ research*. For example:

##### **1) SMH Network Communication/ Information Exchange to Promote Efficiency:**

- Improve documentation of network accomplishments via an annual Newsletter
- Request to meet annually with DoH and Program Directors- develop provincial plan
- Improve two-way communication – re provincial directions, strategic plans etc. submit updates on the SMH Network activities in writing to the Department of Health and ensure communication by the Department of Health re. mental health strategic directions

##### **2) Provincial and National Networking to Promote Efficiency:**

- Host an annual stakeholders meeting for feedback to Network
- Create stronger links between the SMH Network and our other relevant government and community stakeholders. Examples: Department of Seniors, Department of Health Promotion, Continuing Care, Mental Health Association of Canada, NS Chapter, Our Healthy Minds Initiative, the Health Association of NS
- National networking with the CCSMH and the Canadian Mental Health Commission
- Ensure others recognize the SMH Network is a provincial resource and better utilize the network to move the agenda forward

- Offer input in provincial/ regional mental health strategic planning process (Joyce MacDonald)
- Prepare document of recommendations to submit to Strategic planning group

### **3) Clinical Services and Closing Gaps in Provincial Standards:**

- Pilot a monthly “clinical café” for confidential case discussion via the SMH Network
- Education among members about clinical programs and program development;
- Implement and revise provincial DoH clinical standards to close clinical gaps
- Clinical education, knowledge transfer and a provincial teleeducation program;
- promoting capacity-building in the district health authorities

#### **Clinical Education and Research:**

- Continue CME accredited monthly SMH teleeducation series
- Collaborate among the Atlantic provinces, linking nationally and providing leadership;
- Collaborate with the Canadian Coalition for Seniors Mental Health, including leadership in hosting the conference in Nova Scotia, September 2010
- Address the Department of Seniors’ provincial Positive Ageing Strategy and the Canadian Mental Health Commission recommendations in SMH
- Contact Terry Taylor – NS Research Foundation

### **4) Provincial Public Education/ Seniors Mental Health Promotion:**

- Promote public education including prevention, health promotion and early detection
- Public education to address ageism and stigma of mental illness in seniors and engaging in other health promotion initiatives;
- Provide provincial leadership and a voice for seniors mental health issues in a proposed mental health strategy for Nova Scotia; linking with Canadian Mental Health Commission directions

### **Our SMH Network Meeting Goals/ Agenda for January - June 2011**

The SMH Network 2011 Meeting schedule and invited guests include:

- January- Complete SMH newsletter and initiate process for recommendations to strategic planning group
- February- Submit SMH health promotion proposal, and continue 50 Plus Expo planning
- April- Guest: Beth Floyd, Mental Health Commission of Canada- update on national guidelines for seniors mental health care
- May- Guest: Jill Robbins, Continuing Care – update on integration process in this sector
- March and June -- agendas TBA

Feedback and suggestions on our SMH Network directions/ activities are invited. Please contact Anthony Prime at [Anthony.Prime@gov.ns.ca](mailto:Anthony.Prime@gov.ns.ca) or Keri-Leigh Cassidy at [Keri-Leigh.Cassidy@cdha.nshealth.ca](mailto:Keri-Leigh.Cassidy@cdha.nshealth.ca) with your comments or feedback.

## Appendix A: Department of Health's Provincial Seniors Mental Health Standards

**Core Program Title: Specialty Program - Seniors Mental Health (E5)** Jan29,2009

### Context & Issues

Like most industrialized countries, Canada is seeing an increase in its senior population. In recent decades, the Canadian population aged sixty-five years and older has grown to a total of four point three million in 2006. Seniors comprised thirteen percent (13%) of Canada's population in 2006, compared with ten percent (10%) in 1981 and only five percent (5%) in 1921. By 2056, the percentage of the population aged sixty-five years and older may reach twenty-seven percent (27%). Women are the majority among seniors, comprising fifty-six percent (56%) of persons aged sixty-five years and older and sixty-four percent (64%) of those eighty years and older in 2006. ([http://www41.statcan.ca/2007/70000/ceb70000\\_000-eng.htm](http://www41.statcan.ca/2007/70000/ceb70000_000-eng.htm))

The most rapid growth in percentage of persons over sixty-five years is in the eighty years and older age groups. In 2006, three point six percent (3.6%) of the population was aged eighty years and older, and this figure could reach ten percent (10%) by 2056. ([http://www41.statcan.ca/2007/70000/ceb70000\\_000-eng.htm](http://www41.statcan.ca/2007/70000/ceb70000_000-eng.htm)) A Senate committee report in June 2006 determined that by 2031, thirty percent (30%) of Nova Scotians will be sixty-five years or older. (Strategy for Positive Aging in Nova Scotia.2005)

The majority of Nova Scotia seniors live in private households with their family [sixty-two percent (62%) with spouse or common-law partner, six percent (6%) with extended family, and two percent (2%) with non-relatives]; however, thirty percent (30%) of seniors live alone. The majority, ninety-five percent (95%) of Nova Scotia seniors live at home in owned or rented accommodations [seventy percent (70%) own, twenty percent (20%) rent from the private market, four percent (4%) live in non-profit seniors apartments]. Less than one percent (1%) live in licensed residential care facilities and four percent (4%) live in licensed nursing homes. (Strategy for Positive Aging in Nova Scotia.2005)

Mental disorders are not part of "normal aging", therefore, there are challenges in managing mental illness in seniors. Their symptoms often differ from younger adults, making diagnosis more difficult. Ageism and stigma associated with service access and transportation limitations impact service availability. Lack of designated seniors mental health services and supports in rural areas makes access and availability even more difficult. In the past five years there has been significant progress in seniors' mental health. With the establishment of a seniors' network, all districts have identified clinicians to represent seniors' mental health issues and two districts have defined Seniors' Mental Health Programs. The seniors' mental health network has been making progress in capacity building, telehealth education, and knowledge transfer/exchange. There has been some improvement in partnerships between mental health services and service modalities such as geriatric medicine, emergency health services, home care, and continuing care.

The move to Collaborative Care and the PIECES Program, along with the hiring of Challenging Behaviour Resource Consultants (CBRC) for the districts will make positive impacts on the service to seniors. The Seniors' Network continues an alliance with the Canadian Coalition for Seniors Mental Health (CCSMH).

**Context & Issues cont'd:**

Family or unpaid caregivers are providing the majority of care for seniors. Seventy percent (70%) of caregivers are women and thirty six percent (36%) of these caregivers are over seventy years old. Unpaid caregivers save the public health services system over \$5 billion per year in Canada and have not been given the attention and support they deserve and need. Up to forty-six percent (46%) of unpaid caregivers are depressed themselves; they lack meaningful mental health information and knowledge of local support groups, public health and continuing care services, and respite services. A recent Healthy Balance survey found women account for at least fifty-six percent (56%) of unpaid caregivers in Nova Scotia. [www.healthyb.dal.ca/Cargiver\\_Handbook\\_2007.pdf](http://www.healthyb.dal.ca/Cargiver_Handbook_2007.pdf)

It is possible to prevent deterioration in mental health, restore health, and enhance quality of life by treating mental illness. Access to seniors' mental health services is available across the province through a network of interested professionals addressing issues of education, advocacy, service coordination and the provision of support for complex cases.

**Core Program Description: Seniors Mental Health**

Seniors' mental health is a multidisciplinary, client and family-centred, community-based, outreach/outpatient/inpatient service which provides:

- complex assessments and specialized treatment;
- consultation to a full range of service providers in health and community sectors;
- early intervention;
- liaison with continuing care sector;
- health promotion, prevention, education;
- advocacy;
- research;
- program evaluation; and
- access to inpatient beds at the district/shared district level.

**Goal Statement:**

Nova Scotians have access to services for the assessment and treatment of seniors' mental illnesses.

**Department of Health's Provincial Seniors Mental Health Standards Continued**

<b><u>Domains (CCHSA)</u></b>	<b><u>Standards Statements</u></b>	<b><u>Nature of Evidence</u></b>
	E5.1 Seniors' mental health services are available to assess, treat, and refer individuals.	
	E5.2 Providers of seniors' mental health services collaborate with other health care providers on the continuum of care.	
	E5.3 Seniors' mental health services in each district/ shared district consist of at least one clinician and one physician (generalist or specialist) with knowledge of seniors' mental health.	
	E5.4 Referral protocol for service and consultation is clearly defined, widely distributed and routinely revised.	
	E5.5 Referral criteria for seniors' mental health services are: <ul style="list-style-type: none"> <li>• sixty-five years of age or older with first onset of psychiatric disorder, and/or new onset or exacerbation of existing psychiatric disorder complicated by aging process; or</li> <li>• dementia under or over age 65.</li> </ul>	
	E5.6 Referrals to seniors' mental health services are triaged by an intake worker or the mental health team.	
	E5.7 Referral criteria for admission to specialty beds : <ul style="list-style-type: none"> <li>• complex mental health problem associated with aging process requiring 24 hour nursing care for specialty assessment, diagnosis and treatment;</li> <li>• referral by public practice psychiatrist (where feasible) from district hospital unit;</li> <li>• agreement by the referring unit/residential facility to accept the patient back following discharge from a specialty bed.</li> </ul>	
	E5.8 District seniors' mental health services collaborate with agencies and organizations providing care, treatment, and/or support to seniors and their families.	
<b><u>Domains (CCHSA)</u></b>	<b><u>Standards Statements</u></b>	<b><u>Nature of Evidence</u></b>
	E5.9 Seniors mental health clinicians collaborate in the development of core curriculum for clinical training with secondary education organizations.	
	E5.10 Each district has available information to assist the public, individuals, family, community groups and other community agencies in understanding and accessing seniors' mental health services.	
	E5.11 Consultation is available from the tertiary Seniors' Mental Health Program to the district seniors' mental health services upon request.	

## SMH Network Membership List 2011 and District Activity Reports

- Alana Aisthorpe, Social Worker, CDHA
- Janice Belliveau, Community Mental Health Nurse, SWNDHA
- Dominic Boyd, Social Worker, Cumberland Mental Health
- Ronata Brophy, Community Mental Health Nurse, GASHA
- Margaret Ann Bruhier, Senior Policy Analyst, Department of Seniors
- Dr. Keri-Leigh Cassidy, Geriatric Psychiatrist, CDHA, Network Chair
- Joanne Collins, Coordinator, Challenging Behaviour Program, Continuing Care, DoH
- Diane Corbett, Seniors Nurse Practitioner, SWNDA
- Ivan Drouin, Psychologist, Colchester East Hants
- Lisa Ellsworth, Case Manager, Veterans Affairs
- Pamela Fancey, Associate Director, Nova Scotia Centre on Aging, MSVU
- Gerard LaPierre, Retired Constable, RCMP
- Wenda MacDonald, Coordinator, Alzheimer Society of Nova Scotia
- Shauna Maltby-Doane, Nurse Clinician, Colchester East Hants
- Brian McIsaac, Clinical Nurse Consultant, CBDHA
- Sue Millington, Administrative Support, Adult Mental Health, DoH
- Dr. David Pilon, Program Leader, Specialty Services, CDHA
- Tony Prime, Coordinator, Adult Mental Health, DoH
- Jacki Purcell, Coordinator, Policy and Program Development, DCS
- Sharon Reashore, Executive Director, Caregivers Nova Scotia
- Jill Robbins, Director, Integrated Continuing Care, CDHA
- Ken Scott, Acting Director, Adult Mental Health, DoH
- Janet Sears, Acting Director, Mental Health Services, SSDHA

### Reports from SMH Network District Representatives:

**DHA1- South Shore Health** – No clinician representative, Janet Sears-- No report submitted.

**DHA 2- South West Health-** Dianne Corbett (NP, clinician representative) and John Moore (program director)

During the fall 2010, the Network organized simultaneous education sessions; Mini Seniors Expo in 4 different areas of the province. In our district, the VON usually organizes a large, day long Seniors Expo running now for 10+ years. This was scheduled just after the mini-expo. Despite this, there were 6 attendees who were very pleased with the information they received at the Mini-Expo. Being part of the Seniors Mental Health Network has been a tremendous benefit to Dianne and the area where she works. As a member she was introduced to a wonderful new tool developed by the Alzheimer Society, a Caregiver Education Series ready to present to family caregivers of those recently diagnosed with dementia. She brought this package back to her part of the province and put it in the hands of key persons in our district. The first session ran early fall. There were 24 participants in total who attended the 6 week sessions from start to finish. The reviews from these participants were glowing. The group was looking for more information after the 6 sessions were completed and the facilitators arranged a question and answer session. She was asked to assist. The group was very dynamic and asked many questions. Listening to their questions and their comments afterwards further reinforced the advantage of being part of this

provincial Network. There are plans to organize a second series in another county within our district.

**DHA 3- Annapolis Valley Health-** No clinician representative, John Campbell (program director) -- No report submitted.

**DHA 4- Colchester East Hants-** Shauna Maltby Doane (RN, clinician representative) and Yvonne Drouin (program director)

The "Joy of Aging Seniors Wellness Fair" was held in Truro at the Best Western Glengarry with approximately 50 Seniors in attendance and feedback was positive. District 4 also hosted exhibitors from Continuing Care, VON, Health Promotion & Recreation, Colchester Library, Alzheimer's Society, Colchester Hospital Seniors Clinic and Seniors Mental Health. Our speakers were Dr. Ellen Jost from the Seniors Clinic, Ivan Drouin from Mental Health and Wenda MacDonald from the Alzheimer's Society. They received publicity from the local radio station and Truro Daily News, and was considered a positive initiative for Colchester East Hants Health Authority.

**DHA 5- Cumberland Health Authority-** Dominic Boyd (SW, clinician representative) and Evelyn Pollard (program director)

In District 5, the mental health team is completing some strategic planning that includes plans for a seniors mental health team. The SMH Network representative Dominic has collaborated with Addictions in forming a working group on health promotion re seniors and mental health/addictions. This group put on a CME workshop for physicians in March 2010 on dealing with suicide risk in the elderly. Their next topic will be on the issue of prescription drug over-use/abuse. Dominic is on the local Senior's Wellness Network and has made mental health an on-going topic. This group, included in the Teleducation information, is planning Care-giver retreats and will be involved in other mental health promotion efforts. A Senior's Helping Tree for District 5 has been created. Positive Aging and Age-friendly Communities are also concerns.

**DHA 6- Pictou County Health Authority-** Mary Ann MacKenzie (RN, clinician representative) and Charlene Thomas (program director)

In District 6 the Seniors Mental Health Program consists of a PIECES Challenging Behaviors Resource Consultant whom Continuing Care can access directly, and who is linked into psychiatric support through our Community Supports for Adults Program. Seniors are also able to access services through our Multidisciplinary Mental Health Services Adult Team, including psychiatry. Seniors with chronic mental illness are followed by Community Mental Health Nurses through our Community Support for Adults Team. District 6 has an acute care/continuing care liaison committee chaired by Continuing Care, and the committee consists of various agency's and services providers within the district including mental health who provide services to seniors. In 2010, the district's Mental Health Services, Acute Care Services and Continuing Care Services came together and worked collaboratively to develop a Responsive Behavior Team to expedite access to specialty services for seniors struggling with the Behavioral and Psychological Symptoms of Dementia. A component of this program was the hiring of five Continuing Care Assistants who received additional education in Responsive Behavior Support to be utilized as 1:1 behavioral support workers vs sitters.

**DHA 7- Guysborough Antigonish-** Ronata Brophy (RN, clinician representative) and Charlene Thomas (program director)

In the fall of 2010 Mental Health services in District 7 partnered with Antigonish Career Resource Center to host The "Joy of Aging" Expo in downtown Antigonish. There were more than 10 displays from various community partners and 40 seniors who participated in the forum.

September continued to be a busy month clinicians from Mental Health and Long Term Care attended the Canadian Coalition For Seniors Mental Health Conference in Halifax, that provided staff the opportunity to attend a national conference. St. F.X. University has launched the first Alzheimer's Cafe Jan 2011. The Cafe proposes to educate and support communities and their members about Dementia. The cafe is modeled after cafes originating in Europe (contact: Dr. Elizabeth Mc Gibbon 902-867-5429). Dr. Brian Steeves Continuing Care Physician Consultant has organized a Geriatric Assessment Clinic for front line clinicians in District 7. Key presenters for that forum are Dr. L. Mallory and Dr Paige Moorhouse, scheduled January 31<sup>st</sup> and February 1<sup>st</sup>, 2011.

**DHA 8- Cape Breton** – Brian McIsaac (RN, clinician representative) and Linda Courey (program manager)-- No report submitted.

**DHA 9- Capital-** Alana Aisthorpe (MSW, clinician representative) and David Pilon (subspecialty programs leader)

Capital District's Seniors Mental Health Team is currently the only district in the province with specialized seniors mental health services offering multidisciplinary outreach services to seniors at home or in nursing homes. The team has a specialized inpatient unit for geriatric psychiatry which is often at full capacity, due to difficulty finding placement in the community for seniors with complex care needs. Through the provincial network, expertise from CDHA is shared through the CME-accredited monthly SMH Teleeducation series, and a SMH Clinical Café for case discussion. The CDHA team has also developed a district Seniors Mental Health Helping Tree and a Caregiver Tips Sheet for those caring for seniors with mental illness.

## Appendix C: Seniors Mental Health Provincial Networking Conference 2007



### Seniors Mental Health Networking Conference Dartmouth, Nova Scotia February 28 & March 1, 2007



February 28 & March 1, 2007

Holiday Inn Halifax Harbourview Hotel  
101 Wyse Road, Dartmouth, NS

***“Increasing the knowledge of  
mental health clinicians on seniors mental health  
issues across the province of Nova Scotia.”***

Conference Schedule & Registration Form





## Seniors Mental Health Networking Conference

### Dartmouth, Nova Scotia February 28 & March 1, 2007



### Conference Schedule

#### FEBRUARY 28, 2007

1:00 – 1:30 pm	<b>REGISTRATION</b>
1:30 – 2:00 pm	<b>WELCOME &amp; KEYNOTE</b> Beth/John/Mary: Welcome & Introduction Keynote: Dr. Ken LeClair Welcome, opening remarks and introduction of Minister
2:00 – 2:30 pm	<b>GENERAL SESSION</b> Stigma & Demographics of Aging Population in Nova Scotia
2:30 – 3:00 pm	<b>NUTRITION BREAK</b>
3:00 – 5:00 pm	<b>GENERAL SESSION</b> Assessment with Seniors
5:00 – 5:30 pm	<b>PRE-DINNER GATHERING</b> Include cash bar
5:30 – 9:00 pm	<b>DINNER</b> MC for Dinner: Dr. Mike Flynn Keynote: Dr. Ken LeClair

#### MARCH 1, 2007

7:00 – 8:30 am	<b>BREAKFAST</b>
8:30 – 9:30 am	<b>OPENING REMARKS BY KEYNOTE</b> Dr. Ken LeClair
9:30 – 10:30 am	<b>CONCURRENT SESSIONS</b> Depression <u>or</u> Dementia
10:30 – 10:45 am	<b>NUTRITION BREAK</b>
10:45 – 12:15 pm	<b>CONCURRENT SESSIONS</b> Mental Health Issues in Long-Term Care <u>or</u> Shared Care
12:15 – 1:15 pm	<b>LUNCH, DOOR PRIZES, GIFTS</b>
1:15 – 2:45 pm	<b>PANEL DISCUSSION &amp; WHERE TO FROM HERE?</b> Facilitator: Beth Floyd Panelists: Dr. Ken LeClair, Gerrard LaPierre, Dr. Fred Archibald, Ronata Brophy, Valerie White
2:45 – 3:00 pm	<b>CLOSING REMARKS</b> Beth Floyd Mary Ritchie



## Appendix D: Seniors Mental Health Provincial Teleeducation Series 2010-11

### Seniors Mental Health: Provincial TeleEducation Series

Educationally co-sponsored by Dalhousie University Continuing Medical Education



#### Schedule 2010-2011

Nova Scotia has the second 'oldest' provincial population in Canada. With a growing need for more clinicians skilled in seniors in mental health care, the CDHA Seniors Mental Health Team is offering this monthly education session in the capital district and via telemedicine to all other districts in NS. A geriatric psychiatrist and/or a psychiatric outreach nurse/social worker provide the teaching.

As an accredited provider, Dalhousie University, CME designates this continuing medical education activity for up to **2.0** credit hours for MAINPRO M-1 of the College of Family Physicians of Canada (for GP's), and as an accredited group learning Section 1 activity as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada (for specialists). In keeping with CMA Guidelines, program content and selection of speakers are the responsibility of the planning committee. Support is directed toward the costs of the course and not to individual speakers.

Sessions will be held on the **first Wednesday each month from 2:00-4:00 pm.** Telepsychiatry consults can also be booked at separate times, on request.

#### Schedule ✓ = confirmed

**All sessions are 2:00-4:00 in Room 4074 Abbie Lane Building**

DATE	TOPIC & PRESENTER
September 8, 2010	<b>Psychiatry 101 (touching on the 3 D's and the intersection of dementia and psychiatric sx's)</b> Heather Rea, RSW, MSW & Sarah Krieger-Frost, RN, MN ✓
October 6, 2010	<b>Delirium</b> Dr. Mark Bosma ✓
November 3, 2010	<b>Coming to Terms with Dementia – Helping Families</b> Dr. Lara Hazelton ✓
December 1, 2010	<b>Bipolar Disorder in the Elderly</b> Dr. Mark Bosma ✓
	<b>Mild Cognitive Impairment</b>

January 5, 2011	Dr. Karen Chipman ✓
February 2, 2011	<b>Driving: Who's in the Driver's Seat</b> Dr. Paige Moorhouse ✓
March 2, 2011	<b>Neuropsychiatric Syndromes</b> Dr. Mike Flynn
April 6, 2011	<b>Care of Dementia Patients on Medicine and Psychiatric Units</b> Dr. Sameh Hassan ✓
May 4, 2011	<b>BPSD (focus on sexuality)</b> Sarah Krieger-Frost, RN, MN
June 1, 2011	<b>Personality Disorders in the Elderly</b> Dr. Keri-Leigh Cassidy ✓

**Note:**

Attendance and evaluation forms will be completed. Network contacts for each district will fax these back to: Ms. Debbie Antonescul fax: 902 473-1422.

**Alternate Topics**

Dementia subtypes  
  Alzheimer's  
  Dementia with Lewy Bodies  
  Frontotemporal Dementia  
  Vascular Dementia  
Bipolar in the elderly  
Behavioural and Psychological Symptoms of Dementia  
Late life depression  
Suicide in seniors  
Capacity/Competency  
Geriatric psychopharmacology  
Memantine (Ebixa)  
CCSMH National Guidelines

**In case of cancellation:**

Everyone on the Seniors Mental health telepsychiatry list will be contacted by email. The primary contact in each district is responsible for notifying others in their district of a cancellation. The Telehealth Program and Services Co-ordinator Holly Lumbsden will be informed by email. The scheduler at NSH Telehealth, Melanie Jordan, will be informed by email.

## Appendix E: SMH Strategic Planning Document April 2009

# NOTEWORTHY

## Provincial Seniors Mental Health Network Working Sessions

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### Background

Members of the Provincial Seniors Mental Health Network met in March and April 2009 for 2 working sessions targeting these objectives:

1. To set the purpose for the Network within the larger government context.
2. To set a clear direction for the Network:
  - In the near term (next 12 months); and
  - In the longer term (3 years).
3. To identify ways to improve how the Network works.
4. To determine what needs to be done to sustain the momentum established by this session.

### The Pre-Work

- ✓ A Report Card on Network performance against its mandates.
- ✓ Answers to the questions: “*What would it take to get you (or keep you) excited about participating in and contributing to the Seniors’ Mental Health Network over the next year?*” and, “*What are some tips you could offer and things you’d like help thinking about?*”

### The Approach: March 13<sup>th</sup> Working Session

The Participants rotated in small groups through each of the mandates, addressing the following questions/issues:

#### Re: Mandates 1 & 2

1. *Scope? Focus? Clarity?*
2. *What handful of things do we want to be able to say is true in 3 years (Goals)*
3. *For each of those, what would be development initiatives you could get behind over the next year?*

#### Re: Mandate 3

1. *Mission criticality conversation*
2. *Then if needed, questions 2 & 3 as for Mandates 1 & 2*

#### Provincial Seniors Mental Health Network Purpose

To build capacity throughout the province for seniors’ mental health services.

#### Mandate 1

Ensuring awareness of the mental health needs of seniors and supporting the development of integrated and comprehensive mental health services to seniors province-wide

#### Mandate 2

Building relationships locally, provincially, and nationally in support of seniors mental health

#### Mandate 3

Advocating for and ensuring the provision of services to caregivers as defined by Caregivers’ Nova Scotia Association

## March 13<sup>th</sup> Session Conclusions

Through the small group dialogue, the participants concluded that the mandates in their current form were not workable. More specifically, the process of trying to develop goals revealed overlap and redundancy.

Getting back to basics and in preparation for further dialogue, they identified consensus points regarding what the Network is, and what it isn't.

### The Network is ...

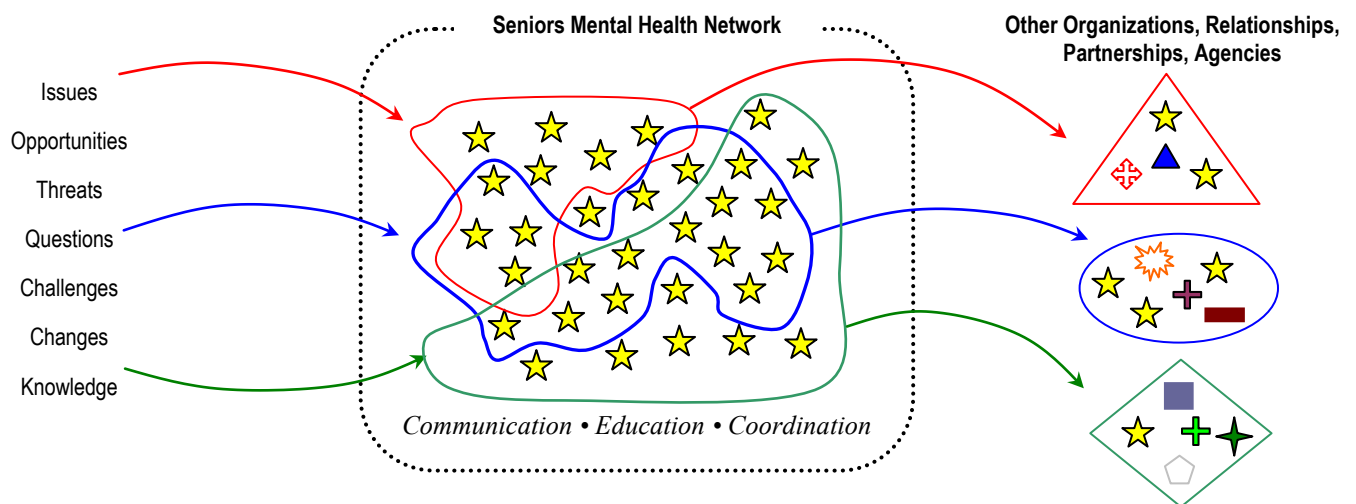
- ✓ A place to model collaborative relationships (unique in that regard in Canada); a collaboration of like-minded individuals; about sharing ideas/problem solving.
- ✓ United by a common-shared interest/goal around the needs of seniors with mental health issues;
- ✓ An opportunity to share/learn (re: needs, issues, solutions);
- ✓ Stimulating ... a privilege to be a part of;
- ✓ Impotent, not being heard;
- ✓ A catalyst for change.

### The Network is not ...

- ✗ A decision-making body;
- ✗ Primarily an advocacy group or lobby group;
- ✗ Not responsible for policy;
- ✗ A provider of services;
- ✗ Here to look at all seniors issues, just mental health issues;
- ✗ Falling apart;
- ✗ Networking with the right people;
- ✗ A funding source.

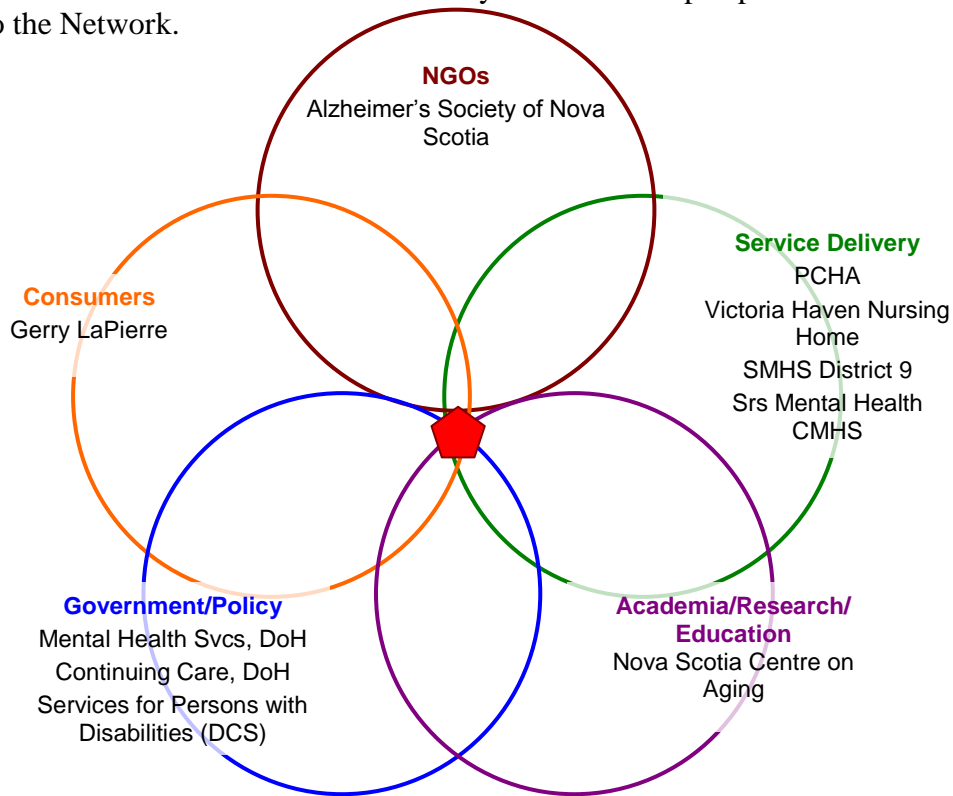
## Closing Thoughts: (Facilitator's Reflections at the end of the March 13<sup>th</sup> session)

Perhaps the Network is a volunteer group that helps equip its members to do what they can, individually and collectively, to meet seniors' mental health needs.



## The April 23<sup>rd</sup> Working Session

The graphic below was used to capture the participants' affiliations as they arrived. If completed for all member organization, some variation on this might help people visualize the constituent contexts and the diversity of assets and perspectives that could be brought to the Network.



### Consciousness Check: What is a Network anyway?

The Facilitator shared defining statements from organizations that call themselves networks, as well as other potentially useful material. That material appears in Appendix B.

A synopsis of recurring ideas appears to the right.

SMHN Mandate & Objectives for the Members' consideration.

### What is a Network anyway?

#### Recurring, Potentially Useful Ideas

- Reciprocity/exchange
- Dissemination
- Mutual learning and support
- Collaborative and open forum for debate and discussion
- Capacity building for evidence-based decision-making
- A sense of obligation rather than a desire to take advantage
- Interdisciplinary thinking, global conversations, and cross-institutional intellectual collaborations
- Rather than common denominator, a shared space where differences can meet and safely connect
- As many ways of speaking as possible, encouraging every participant to contribute

## April 23<sup>rd</sup> Session (cont'd)

### Mapping out Network Activity

Given conclusions reached to this point, the participants identifies activities for the next number of months, that would be faithful to the emerging consensus points around the Network's purpose and mandate. The Co-Chairs will suggest an approach to sequencing and scheduling these activities over the coming year.

Key Topics:

- **How do we meet the standards for seniors MH if each DHA doesn't have specialty services for seniors MH?**
- **Dialogue regarding integration of mental health and primary health care and the impact on seniors MH.**
- **Single-point of entry for different services ... i.e. health care and beyond. (Begin work outside Network meetings.)**
- **Share education materials, on-line sites, and other resources... i.e. "The Network's Top 10"**
- **Introduce the Caregiver Risk Screening and Caregiver Assessment Tools.**
- **Develop a Generic Helping Tree regarding resources for seniors (can be DHA-by-DHA)**
- Describe the Provincial Government's role in Mental Health Care.
- **Consider District-based challenges in providing mental health services to seniors.**
- **Prepare an environmental scan regarding what other jurisdictions are doing relative to policy development and new initiatives.**
- **Provide a briefing regarding the Mental Health Commission and national directions.**

### Critical Success Factors

The participants identified factors that would be key to success with the refocused and re-energized Network:

Maintain the agreed purpose/focus

- Ensure that we change the Network's approach so as to align with the new Mandate and objectives
- Have everyone buy in
- Communicate effectively
- Recruit and expand the membership
- Show the priority we attach to the Network by attending and reciprocating
- Continue to generate great topics
- Get the best possible engagement through dynamic and interactive approaches
- Sustain continuity/momentum

## Appendix F: SMH Provincial Scan – Survey and Results

### Survey Questions

- Do you have specialty programs for Seniors' Mental Health in your province? If so, please describe the assessment and treatment services offered and the support services offered.
- Do you have collaborative networks with others providing supports and services to Seniors with Mental Health problems? If so, who do you collaborate with on a regular basis?
- What is the role of caregivers/families in Senior's Mental Health?
- What successes have you had in your province in the provision of Seniors' Mental Health services?
- What do you see as gaps in your province's services for Seniors with Mental Health problems?

### Provinces Contacted

- Newfoundland & Labrador
- Nova Scotia
- PEI
- New Brunswick
- Quebec
- Ontario
- Manitoba
- Saskatchewan
- Alberta
- British Columbia
- Yukon
- Northwest Territories

### Key Findings

- Specialized seniors' mental health (SMH) services available in Newfoundland, NS, NB, Quebec, Ontario, Manitoba and BC. Specialized SMH available in some rural areas but mainly in urban areas in most provinces.
- Specialized SMH not available in PEI, Saskatchewan, Alberta, Yukon and the NWT. Services here are offered as part of general adult mental health services.
- Examples of formalized collaboration:
  - MH and Primary Health Care Unit report to same ADM (NB);
  - Collaboration with LTC homes. Collaborative care model of rural outreach teams with PHC physicians and teams. Families part of team except if capable patient instructs to exclude family (Ont);
  - Put out a call for letters of intent for collaborative research grants, Apr/09: focus seniors with mh problems (ALTA);
  - Family caregivers involved in care: some attend CBT Group (BC).

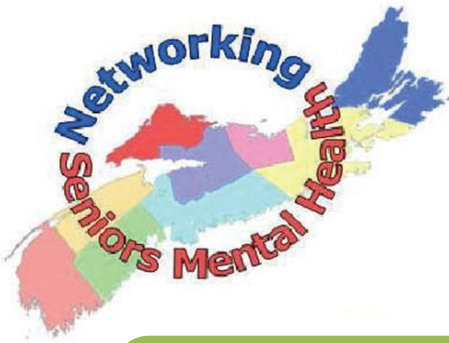
### **Key Findings: Successes**

- Provincial health strategies targeting aging and mental health (Nfld).
- NVCi hard with frail elderly: using Gentle Persuasive Touch (PEI).
- Provincial Seniors Mental Health Network meeting monthly (NS).
- Revising a training manual for RNs/LPNs and CC Workers in LTC setting. Nsg Home has 7-10 beds dedicated to mental health. (NB)
- In middle of reform. Focus on keeping seniors in own homes, and involving families. With home visiting teams are decreasing ER visits. (Que)
- PIECES Program: implemented. (NS, Manitoba, Sask & Ont)
- Toronto Dementia Network. LHIN prevents people from working in silos; Leap of Faith Together (LOFT) addresses problem of ALC patients.
- CAMH: training manuals for service providers for MH and addictions staff together.
- Specialty Outreach Services using shared care model: approx 50 teams across province. (Ont)
- MH Strategy for province to be out soon. (Manitoba)
- Implementing MDS-RUGS province-wide (Sask).
- Put out call for letters of intent for collaborative research grants on seniors mh (Alta)
- Inpatient medical and mental health needs treated on MH unit (BC).

### **Key Findings: Gaps**

Need to:

- Determine first if there a need for SMH (Yukon & NWT).
- Determine what specialized SMH services are needed, how to provide services in rural areas.
- Provide crisis services for seniors with mental health problems.
- Train staff of LTC in caring for seniors with mental health problems.
- Develop interdisciplinary teams.
- Decide who takes the lead with aging/dementia: LTC? MH? PH?
- Provide addiction services for seniors.
- Provide high intensity services (more than can be handled by LTC) and high intensity community based services. ACT not right model for older people.
- Relocate care previously provided in large provincial hospitals to small, locally based behavioral support units using a collaborative care model between LTC and specialized geriatric services.
- A tertiary care hospital to treat co-morbidities with aging: i.e. provide medical care as well as psychiatric care on one unit.
- Restore preventative SMH programs (with economy are gradually being whittled away).



# The Joy of Aging A Mini Wellness Fair

Organized by the Seniors Mental Health Network in Collaboration with the  
Department of Seniors Positive Aging Strategy

## Presentation Schedule

Saturday June 12<sup>th</sup>

- basics about how your brain works, with some fun, interactive brain exercises to keep you feeling mentally sharp.
- 2:30pm – 3:00pm ***Change Your Mind, Change Your Body*** - This session explores the mind-body connection and how your thinking can powerfully impact your physical health. Particularly helpful for those who want to live well with a chronic illness, and anyone who wants to optimize health. A brief Tai Chi demonstration is included.
- 3:00pm – 3:30pm ***Just For The Fun Of It***- Science now shows evidence that lifelong learning and playing will keep your mind sharp. Challenge yourself to try something new! Learning a new language, art, music or dancing will have mental health benefits. Hear some inspiring stories of people who learned something new after 50, and you'll even have a chance to try something new yourself.
- 3:30pm – 4:00pm ***Relaxation: Calm Your Mind*** - Life can be stressful! Learning how to relax your mind and body can do wonders for your health! In this interactive session you will have the chance to learn about the health benefits of meditation, and be expertly guided through a relaxation exercise you can later try at



## Appendix H: CCSMH 4<sup>th</sup> National Conference: September 2010

### List of conference presenters from SMH Network/ Nova Scotia (and topics)

1. Dr. Lara Hazelton, Raylene MacDonald, *Interprofessional Learning in Seniors Mental Health Services.*
2. Penny MacCourt, Pam Fancey, *Supporting Caregivers: The Development of a toolkit for services providers.*
3. Dr. Keri-Leigh Cassidy, *Mind over Mood: Relaxation group and enhanced group CBT for Seniors with depression and anxiety.*
4. Dr. David Whitehorn and Dr. Keri-Leigh Cassidy, *Mindfulness Meditation: Applications for Seniors Mental Health.*
5. Dr. Barry Clarke, *Care by Design: Improving Care delivery in long-term care facilities at capital health.*
6. Mary Ritchie and Pamela Fancey, *Development of a Provincial Mental Health Network in Nova Scotia*
7. Cecile Amirault, *Simple Pleasures: Creating meaningful experiences for individuals with dementia.*
8. Dr. Laurie Mallery, *The PATH: A model for palliative and therapeutic harmonization in frail older adults.*
9. Dr. Jeanne Ferguson and Brian McIsaac, *Specialized care teams for seniors with challenging behaviours.*
10. Dr. Mark Bosma and Dr. Keri-Leigh Cassidy, *Geriatric Psychiatry, Specialty training: curriculum renewal and health care implications.*
11. Dr. Keri-Leigh Cassidy, Dr. David Pilon and Peter Croxall, *Rising to meet the silver tsunami: geriatric psychiatry from academic centre to provincial, regional and national mandates.*
12. Dr. Melissa Andrew, *Psychological well-being in relation to frailty: a frailty identity crisis?*
13. Valerie White, Dr. Penny MacCourt, Simone Powell, *Promoting Seniors Mental Health in Age friendly communities: evidence and practice.*
14. Gerard LaPierre, *Caregiver: Is it on your resume?*
15. Dr. Sameh Hassan and Dr. Michael Flynn, *Electroconvulsive therapy in dementia.*
16. Jennifer Mason, *ECT in the elderly: an interdisciplinary approach.*
17. Dr. Mark Bosma and Dr. Keri-Leigh Cassidy and Dr. Ken LeClair, *A knowledge transfer study of the effectiveness of the Nova Scotia seniors mental health network to implement national guidelines in seniors mental health.*
18. Dr. Marla Davidson, *Pressure Points: A Consideration of the Relationship between Geriatric Medicine and Geriatric Psychiatry*
19. Dr. Mary Tominson, and Jeanette Flett, *We Couldn't Do It Alone: Dementia and Down Syndrome*

## Appendix I: Atlantic Seniors' Mental Health Network (ASMHN)

### TERMS OF REFERENCE

#### **PURPOSE:**

The ASMHN will provide an opportunity for the sharing of knowledge, expertise and experience to support provincial policy planning and delivery of seniors' mental health services.

- To facilitate mutual learning and support through linkage and exchange activities such as meetings, conferences, workshops and training opportunities.
- To share information on promising and best practices, and on current research.
- To provide a collaborative and open forum for debate and discussion on topics of interest in seniors' mental health.
- To partner in joint planning initiatives as opportunities arise.

#### **MEMBERSHIP:**

Membership should reflect sectors within each of the Atlantic Provinces. Core membership should include:

- Representative(s) from the Department level of each province who can represent Mental Health Services
- At least one representative from each province representing the mental health delivery system
- Additional sectors or individuals may be added based on particular issues or areas of interest (i.e. academia, research or advocacy)

#### **REPORTING:**

Members in each province will utilize their appropriate reporting structures to disseminate information from the Network.

#### **MEETING FREQUENCY:**

To meet on a regular basis until the CCSMH Conference in September 2010; then on at least a **bi-annual** basis, **April and October**.

Meetings will be organized, hosted and chaired on a rotating basis in each of the four provinces. The hosting province is responsible to coordinate the meeting by providing a room and other items as well as taking and disseminating minutes.