



BC Pages

Newsletter of the B.C. Psychogeriatric Association



President's Report

The mission of the BCPGA is “to enhance interdisciplinary services, education and research in support of the mental health needs of the elderly.”

In this newsletter I want to highlight the Board's role as an advocate for older adults with (or at risk of) mental health problems, in carrying out our mission.

Although mental health is an individual resource, it is influenced by a complex interplay of individual characteristics and cultural, social, economic and family circumstances at both the macro (society) and micro (community and family) levels, all of which make up the social context in which seniors live.

Seniors' social context is in part shaped by **policy**: the guidelines, regulations or parameters that govern social life and determine what resources, services and goods are distributed, and to whom. Policy is relevant to service delivery (e.g., wait lists for long term care facilities), to programs (e.g., eligibility criteria for Home and Community Care services), to organizations (e.g. Health Authority Dementia strategies), and to government legislation, (e.g., the provincial *10-Year Plan to Address Mental Health and Substance Use in BC*), that affect seniors. With these thoughts in mind we have focussed our efforts on facilitating improvements in seniors' mental health care at the system level. The BC Psychogeriatric Association is well positioned to advocate for older adults with mental health problems and for support for caregivers and care providers, as a result of our provincial, multi-disciplinary membership from all sectors of the seniors' care system. The multi-faceted nature of our membership ensures that when we advocate, we inform from a variety of perspectives.

In January 2009 we met with the Provincial Ombudsman, who is carrying out a systemic investigation into seniors' care, to discuss our concerns. Following our meeting we canvassed our membership about their concerns and incorporated these into a formal brief to the Ombudsman. These concerns and the recommendations we made are summarized in the Advocacy section of this newsletter (p. 3). The full brief will be available on our website.

Your Board has, as you will recall from an earlier newsletter, made depression a focus of all our activities this year. To this end we have reviewed and supported the provincial Depression Strategy which addresses the needs of older adults.

The provincial election in May is an opportunity to inform and hopefully to influence politicians to address issues related to seniors' mental health. We sent a letter (based on our brief to the Ombudsman) to each registered political party informing them of our concerns and asking them to tell us their position on improving services for seniors with, or at risk of, mental health problems and for their caregivers. We also asked members to send our letter to the candidates in their riding. If each BCPGA member did this, the very act of asking would ensure that MLAs become aware of the issues.

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The British Columbia government is currently developing a *10-Year Plan to Address Mental Health and Substance Use in B.C.* and is seeking input from British Columbians through local forums. The BCPGA Board has noted that in this plan there is no recognition of seniors as a unique population with a need for specialized support and services. It is our intention to develop a critique of the *10-Year Plan*, and we will be asking all members to contribute.

Recently a Seniors Secretariat, led by Anne Horan, has been created by the Provincial government. We intend to meet with Ms. Horan to determine how BCPGA can work with the Secretariat to promote and support seniors' mental health.

An engaged and active membership is crucial to BCPGA being able to take a leadership role in these and other seniors' mental health needs and issues. Therefore, recruiting new members is one of the most important things that you can do for our Association. All members are encouraged to take BCPGA membership forms (available on www.bcpga.bc.ca) to meetings/events they attend. Please also consider joining the Membership Committee by contacting the Chair, Anthony Kupferschmidt.

Other ways to become actively involved in BCPGA as an organization and/or with the issues that concern us in our working lives include the following:

- Please share your concerns with the Advocacy Committee, identify opportunities for advocacy and help research, review and present briefs; contact Advocacy Committee Co-Chairs John Gray or Elisabeth Antifeau.

- The Research Committee is documenting innovative programs and research related to seniors' mental health for our website (see Research News on p. 8). If you have something to share, please contact Sandie Somers, Research Committee Chair.
- The Communication Committee always needs volunteers to provide material for the newsletter and website content and production.
- Our annual conference is an important and unique interdisciplinary event that brings together clinicians, educators and researchers from many sectors to share experience and knowledge. The 2010 conference will be in Nanaimo, April 29 - May 1. Please contact Penny MacCourt, Conference Chair pennymaccourt@shaw.ca, if you have ideas for speakers, would like to present something you are doing, or to help with planning.
- Put your name forward for the BCPGA Board—the experience is not only rewarding (as current members will tell you!), but it adds to your CV.

Everyone is busy, but we hope you will find a way to share your experiences and expertise with your Association, and in so doing, make a difference to seniors' mental health care in BC.

Penny MacCourt
President

The British Columbia Psychogeriatric Association (BCPGA) is a professional, multi-disciplinary, non-profit interest group.

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Elaine Unsworth 604-862-0139
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Past President: Dawn Hemingway 250-960-5694

**Notice of Annual General Meeting
&
Call for Nominations to the Board of Directors**

The Annual General Meeting of the BC Psychogeriatric Association will be held on May 1, 2009 at 17:00 in the Ballroom of the Best Western Hotel & Convention Centre in Richmond, BC. All BCPGA members are cordially invited to attend the AGM.

Included on the agenda for the AGM will be the elections of 2 new Board members. Nominations can be sent to Penny MacCourt pennymaccourt@shaw.ca before the meeting and will also be invited from the floor.

Any requests for additions to the agenda should be sent either to Penny or to John Gray jegray@shaw.ca.

**Brief To The Ombudsman:
Systemic Review Of
Seniors' Care**

On January 6, 2009 the Ombudsman Kim Carter and the Manager of Systemic Investigations, Carly Hyman, met with the BCPGA Board to discuss their systemic review of seniors' care. It was a very helpful meeting. The Ombudsman will speak at the BCPGA conference in Richmond. The BCPGA has provided the Ombudsman's office with a formal brief. The brief in full was drafted by Penny McCourt with input from the Board; it will be posted on our website but the main points are summarized below.

Mental health is a broad concept that suggests a continuum from wellness through illness; it is not simply the absence of mental illness. Mental health can be promoted and supported (or not) wherever the individual is situated on the continuum. Mental health problems in late life usually occur in the context of medical illness, disability and psychosocial impoverishment and are best addressed from a biopsychosocial perspective. Older adults experience unique physical, psychological and social changes that individually and together may challenge their mental health, sometimes resulting in mental illness. With the growing aging population comes an increased number of seniors who will experience mental health problems, or are at risk of doing so.

CONCERNS

- There is a lack of mental health promotion to encourage dignity and person-hood throughout the care system.
- The current service system for seniors lacks competent staff in adequate numbers to support the mental health of older adults with mental health problems.
- Seniors with mental health issues are not able to access appropriate services in a timely manner required to support quality care.
- There is not a full continuum of appropriate care for seniors with mental health problems or addictions that is equally available across the province.
- Aging in place is not a reality.
- Caregivers require support.
- All people working with older adults with mental illness or addictions require specialized knowledge and skills.
- There is a need for government commitment to provide care to all BC seniors with mental health problems that is dignified, respectful, individualized (person centered), flexible, and timely/when needed, across regions, and in rural/urban settings.
- Values and core principles embedded in the B.C. Guidelines for Elderly Mental Health Care Planning for Health Authorities (BC Ministry of Health, 2002) which need updating, should form the foundation for a provincial Framework for Seniors Mental Health.
http://www.health.gov.bc.ca/library/publications/year/2002/MHA_elderly_mentalhealth_guidelines.pdf.

RECOMMENDATIONS

1. We recommend that a gap analysis in Seniors Mental Health be carried out as was done for the dementia service system and include an emphasis on identifying human resources required to address gaps.
2. We recommend that a provincial Framework for Seniors Mental Health be created that is value and principle based and that promotes the integration of policy pertinent to seniors' mental health across provincial Ministries and federal programs. Development of the Framework should be guided by the values and principles identified in the *B.C. Guidelines for Elderly Mental Health Care Planning for Health Authorities* (BC Ministry of Health, 2002), and should address the gaps identified through the gap analysis recommended above.
3. We recommend that policies and programs be screened at the provincial and Health Authority levels with the Seniors Mental Health Policy Lens (SMHPL) in order to ensure that any potential direct or indirect repercussions on the mental health of all older adults are identified and addressed, and to ensure overall policies reflect seniors values.
4. We recommend that monitoring mechanisms with seniors and their advocates from all regions of the province represented in the process, be put in place to ensure system responsiveness. We recommend that the SMHPL guide this process.
5. We recommend that the BC Mental Health Planning Council accept and endorse the need for a Seniors Mental Health Network. We recommend that they use the SMHPL in their work and that they access the BCPGA for consultation about issues related to seniors.
6. We recommend that all those who work with seniors with mental health issues have a basic education in psychogeriatrics, and be required to have basic core competencies and skills during formal education and continuing education post graduate, (appropriate to their roles).
7. We recommend that nationally developed Best Practice Guidelines be used in education and adopted or adapted by Health Authorities and Ministries to guide practice; for example, the Canadian Coalition of Seniors' Mental Health National Guidelines for Seniors' Mental Health (including Delirium, Depression, Suicide Prevention, facility mood and behaviour symptoms).
<http://www.ccsmh.ca/en/natlGuidelines/initiative.cfm>
8. We recommend that a provincial plan be put in place to address the seven critical gaps identified in the BC Dementia Service Framework.

Summary Prepared by
John Gray,
Advocacy Committee

A new outreach program for home-bound seniors

BCPGA member Dr. Conrad Rusnak is involved in an innovative new family practice service for home-bound seniors – the Home-VIVE (Home Visiting for Vancouver's Elderly) program. Home-VIVE started in January 2008 and has just completed its first year of bringing primary care services to seniors' homes.

The Home-VIVE program currently provides in-home medical and/or nursing care for approximately 250 home-bound seniors in Vancouver. The admission criteria are that clients must be frail and elderly, unable to get to a doctor's office and are not already receiving medical services from a family doctor. Exceptions may be made for younger clients with geriatric-type medical problems. The service provides home visits during business hours as well as 24/7/365 emergency call medical coverage.

The program is linked with the VGH Stat Centre and is administrated by the STAT Centre Medical Director, Dr. Reva Adler and Patient Services Manager, Lesley Nicholson. Home-VIVE started with two family physicians and has recently added a third. The current personnel includes Drs. Conrad Rusnak, Jay Slater and Rod Ma, a nurse case manager (Gisela Jaschke) and a part-time secretary (Hester Chan).

Most of the clients (70%) are referred from community health centres, followed by 15% through word of mouth, and 10% from the VGH STAT Centre Day Hospital. The average age of clients is 85 years with a range of 30-103 years. Many of the clients have reduced mobility, and the most common problems/diagnoses include CVA, dementia requiring total care, and Parkinson's Disease. Approximately 25% of clients also have mental health issues.

The nurse screens clients and may do the initial home visit. She also carries her own case load. Staff work in collaboration with other community services and coordinate care with staff from health centres and mental health teams. The frequency of visits is determined by client need and may fluctuate from daily (if a client isn't stable) to every three months (once stable).

Dr. Adler recently presented some preliminary data on Emergency Department utilization by enrolled clients. A sample from a group of 131 Home-VIVE clients was followed from January to November 2008. The data suggest there was a reduction of over 80 minor ER visits (less than 48 hours) by this group in 2008.

For more information on the Home-VIVE program, contact:
Dr. Reva Adler at rnadler@interchange.ubc.ca,
Dr. Conrad Rusnak at conrad.rusnak@vch.ca, or
Lesley Nicholson at lesley.nicholson@vch.ca

Submitted by: Maia Kennedy

**Applied Theatre Performance on Older Driver Safety
To Be Performed at the
BCPGA Conference in May 2009!**

Researchers from the University of Victoria have developed a play addressing older driver safety. The play explores the highly complex social issues involved in older driver safety and reflects research findings from the existing literature and focus groups conducted with seniors and others with a direct vested interest in decision-making about older driver safety on Vancouver Island. Driving, for many older adults, is associated with independence, personal identity and self-esteem; driving cessation, whether voluntary or involuntary, may result in reduced mobility, increased isolation, and declines in physical and mental health. Yet, health care practitioners and policy makers are asked to identify unfit drivers and raise this potentially sensitive issue with those in their care. Funds for the play's development were provided by the Social Sciences and Humanities Research Council (SSHRC). Funds to support the performance of the play at the BCPGA conference in May 2009 were provided by the Institute on Aging of the Canadian Institutes of Health Research (CIHR).

Statistics

We use statistics, it's been said, the way drunks use lampposts – more for support than illumination. While it is important to consider the validity and accuracy of statistics, they can provide illumination as well as support.

The website of the Alzheimer Society of BC provides the following statistics on the prevalence of Alzheimer's Disease and the implications for individuals, caregivers and society:

More than 70,000 British Columbians are currently living with Alzheimer's disease or a related dementia – nearly 10,000 of these individuals are under the age of 65.

1 in 11 Canadians over the age of 65 – approximately 500,000 people – has Alzheimer's disease or a related dementia.

More than 71,000 of the Canadians living with dementia are under the age of 65; of that number, 50,000 are under the age of 60.

In just five years, as many as 50% more Canadians and their families could be facing Alzheimer's disease or another form of dementia.

As it stands today, the number of Canadians living with Alzheimer's disease or a related dementia will more than double within a generation (25 years).

Alzheimer's disease, the most common form of dementia, accounts for approximately 64 per cent of all dementias in Canada.

Alzheimer's disease is the second most feared disease for Canadians as they age.

One in three Canadians (36 per cent) know someone with Alzheimer's disease.

It's something to think about.

Links & Leads

Testing for Alzheimer's Disease

A study published in the March 2009 issue of *Annals of Neurology* reports on the results of measuring proteins in spinal fluid that are associated with the development of Alzheimer's Disease. According to authors Leslie Shaw et al, the test was 87% accurate at predicting which patients with early memory problems and other symptoms of cognitive impairment would eventually be diagnosed with Alzheimer's.

The test focuses on two classic hallmarks in the brain of a person with Alzheimer's: amyloid beta protein (which forms brain plaques) and abnormal levels of the protein tau (which forms tangles).

This research team evaluated spinal fluid from five patient cohorts who were part of a large Alzheimer's study: 196 patients had mild cognitive impairment, 100 had mild AD, and 114 were cognitively normal elderly; in addition, there were two cohorts of autopsy confirmed individuals: 56 with AD and 52 age-matched normal cognitive elderly. In these subjects, low concentrations of the amyloid beta protein were found to be predictive of conversion from mild cognitive impairment to AD.

In a Reuters news release, principal investigator Shaw said that looking for these bio-markers will help researchers focus trials of AD treatment and may lead to better strategies for keeping mild memory impairments from progressing to full-blown AD.

An on-line abstract of this article is available on the Internet:
<http://www3.interscience.wiley.com/journal/122266379/abstract>

If you have money to burn, another website offers you the opportunity to send in a sample of your saliva to be tested for Alzheimer's Disease (<http://www.accu-metrics.com/alzheimer-test.htm?gclid=CNaz3KPFgpoCFQowxawodkxvxEQ>). For \$395 USD the ApoE gene variants found in your saliva will be assessed as to the possibility of AD developing. According to this website, "Apolipoprotein E (ApoE) plays an important role in the metabolism of lipoproteins and cholesterol. The Journal of Neural Chemistry refers to apolipoprotein E as having a mechanism for neural protective affects. The data suggests that ApoE plays three important roles in detoxifying a lipid peroxidation product called HE or 4-hydroxynonenal.

Genetic aberrations in the ApoE gene alter the 3-dimensional formation of lipid molecules so they cannot be fully used in metabolic processes. Depending on the genetic aberration, a person may have a higher risk of developing Alzheimer's disease.... Based on the findings of our DNA analysis you will be notified as to which variant of the ApoE gene is present, and the relevant possibilities which you may wish to discuss with your physician."

Caveat emptor!

MEMBER PROFILE

Stephen Kiraly

We are pleased to introduce you to BCPGA member Dr. Stephen Kiraly, a psychiatrist who lives on Bowen Island and is interested in mental health services for older adults in rural and remote communities. As a clinician, he works both in private practice and as a consultant in Vancouver Coastal Health, Coast Garibaldi region (Bowen Island, Squamish and with the West Community Health team in West Vancouver). As an educator, Dr. Kiraly holds an academic position as Clinical Associate Professor of Psychiatry and teaches medical students at UBC.

Dr. Kiraly has a special interest in neuropsychiatry and neuroendocrinology – specifically, the effects of stress hormones on the brain. He developed *The Healthy Brain Program*, which he presented at the 2007 BCPGA Conference in Victoria, along with the Sea to Sky Older Adult Mental Health Team. The team included fellow BCPGA members Donna Howard, Sara Voyer, Nadine Goodgrove and Carla Fuhre.

We would like to congratulate Dr. Kiraly on the recent publication of his book, *Your Healthy Brain*, which is the culmination of many years of work. The book describes the "eight pillars of brain health" and is a practical guide for everyone – laypersons and professionals. With its focus on healthy lifestyle maintenance and disease prevention, *Your Healthy Brain* is an informative addition to anyone's health reference library.

When asked why he is a member of the BCPGA, Dr. Kiraly says: "I admire the researchers' good work. I also admire the work of the Board and enjoy meeting with colleagues at conferences. I was honoured to have our mental health team present *The Healthy Brain Program* at the BCPGA conference in Victoria. I recognize the importance of advocacy and agree that advancing the "Seniors' Mental Health Policy Lens" would be a major goal with government."

To contact Dr. Kiraly, learn more about *The Healthy Brain Program* and find out where you can purchase his book, email: kiraly@shaw.ca or visit the website: www.healthybrain.org

The **BC Seniors' Guide** has been updated for 2009. The new 9th edition is available as a downloadable PDF in English, with translated versions in Chinese, Punjabi and French to follow shortly. The English version is on-line at this address: http://www.hls.gov.bc.ca/seniors/PDFs/seniors_guide_web.pdf

The **Health and Seniors Information line** is 1-800-465-4911.

Who Represents Seniors' Interests in the BC Government?

Nova Scotia, Prince Edward Island, Quebec, Ontario and Manitoba all have Seniors Secretariats. And now BC does, too. The BC Ministry of Healthy Living and Sport announced the creation of the Secretariat in a news release March 27, 2009.

VANCOUVER – A new Seniors' Healthy Living Network has been established to advise government on engaging B.C. seniors, promoting healthy living, and building supports for B.C.'s older residents, Healthy Living and Sport Minister Mary Polak announced today.

The formation of the network is one of the goals outlined in *Seniors in British Columbia: A Healthy Living Framework*, the B.C. government's action plan to take advantage of opportunities and address challenges associated with an aging population. The framework was released in September 2008.

"We're actively working to prepare for the demographic shift that is coming, when one in four of us will be over the age of 65," said Polak. "The Seniors' Healthy Living Network will help us move forward on a number of new initiatives to support seniors to live healthy, active, independent lives."

The Seniors' Healthy Living Network comprises 13 members from a variety of sectors and communities. They will assist in enabling the government to connect with British Columbians about seniors' issues, engaging seniors, and advising government on ways to implement the many initiatives in the framework.

"We are pleased to see government take the lead and establish a cross-sectoral body to inform the direction we take as a province regarding seniors' healthy living," said Dr. Patricia Baird, the former chair of the Premier's Council on Aging and Seniors' Issues and member of the new network. "The Healthy Living Network will provide the expertise necessary to help achieve the goals outlined in *Seniors in British Columbia: A Healthy Living Framework*, benefiting seniors across B.C."

The Seniors' Healthy Living Framework outlines four cornerstones that government will focus on over the coming months and years: creating age-friendly communities; mobilizing and supporting volunteerism; promoting healthy living; and supporting older workers. One of the first items the network will be asked to advise on is a new Aging in Action Grant Program for voluntary organizations serving older people.

To read *Seniors in British Columbia: A Healthy Living Framework* visit:
www.hls.gov.bc.ca/seniors/PDFs/seniors_framework_web.pdf

Media contact: Anne McKinnon, Communications Director
Ministry of Healthy Living and Sport
250 952-2387

What is the Federal Government Doing for Seniors?

The launching of the National Seniors Council was announced in March, 2005 by the Honourable Marjory LeBreton, Leader of the Government in the Senate and Secretariat of State (Seniors) who stated that the purpose of the Council is "to advise the government on issues of national importance to seniors. Seniors asked us for a National Seniors Council to study and deliver on issues that matter to them." The Council reports to the Honourable Monte Solberg, Minister of Human Resources and Social Development, in light of his responsibilities for seniors, and the Honourable Tony Clement, Minister of Health, in recognition of the importance of health-related issues for older Canadians. The Ministers are supported by the Government Leader in the Senate and Secretary of State (Seniors), Marjory LeBreton, who works with the Council in its day-to-day operations.

The Council's mandate, as approved by the Order in Council is to provide advice to the Government of Canada. The Council:

- advises on current and emerging issues and opportunities related to the quality of life, health and well-being of seniors, both now and in the future;
- as needed, undertakes activities such as commissioning research, convening expert panels and roundtables, and holding consultative meetings; and
- delivers well-balanced advice, taking into account the views of experts; seniors; organizations and groups that provide seniors' programs and services; provincial/territorial advisory bodies on seniors; and other relevant stakeholders and interested parties.

The Council can comprise up to 12 members, including the Chair. The terms of reference allow for members of the National Seniors Council to serve up to three years. To balance the need for continuity and the desire to continually provide new perspectives on the Council, the terms of members range from 1-3 years with options for renewal. Further, the National Seniors Council has a mandate to engage with seniors stakeholders, experts and individual seniors. The Council is able to consult with a wide variety of groups to obtain input and advice from seniors and the many organizations that represent their interests. Jean-Guy Spulière is currently Chair of the Council; 2 of the 12 Council members are from BC: Marilyn Loveless of Victoria and Dr. Doo Ho Shin of Vancouver.

A report released by the Council in February 2009 looked at low income among seniors in Canada. The Report notes that, "While the low-income rate among seniors has declined significantly in recent years, some seniors still have incomes below Statistics Canada's after-tax low income cut-off (LICO).¹ Many more seniors live on fixed and limited incomes, slightly above the LICO. While these seniors may not be "officially" living in low income, they may be only one major expense or cost-of-living increase away from the threshold. Consequently, they face many of the same challenges."

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“In the fall of 2007, the Council examined the income, wealth and expenditure patterns of seniors, and reviewed the public pension system. This work provided members with a better understanding of the complexity of the issue of low income among seniors, identifying seniors most at risk as well as the financial pressures they face.

Overall, today’s seniors, while not affluent, are financially secure. The median after-tax income of senior couples was \$41,400 in 2006, an increase of 18 percent since 1996. During the same period, median incomes for unattached seniors increased by 14 percent to \$20,800.

Between 1980 and 2006, the incidence of low income among seniors decreased from 21.3 percent to 5.4 percent—a lower rate than most other industrialized countries. This dramatic decline is largely attributed to the effectiveness and sustainability of Canada’s retirement income system.”

The Report goes on to note that, “Since most seniors live in urban areas, it is not surprising that most low-income seniors also live in cities. While low income among seniors is not limited to any one group, the following groups are most at risk: the unattached, those who have worked less than 10 years, recent immigrants, and Aboriginal peoples. The unattached have the highest incidence of low income of any group, with 15.5 percent of unattached seniors living below LICO in 2006, a rate 11 times higher than that of senior couples (1.4 percent). Given their greater longevity, women are far more likely to be unattached in later life and at greater risk of experiencing low income. Indeed, women represented about three-quarters of the 179,000 unattached low-income seniors in 2006. The low-income rate for unattached senior men was 14.0 percent, compared to 16.1 percent for unattached senior women.”

Between February and May 2008, the National Seniors Council held 11 roundtables with 100 local and regional service providers, voluntary and non-governmental organizations and seniors’ groups in communities across the country. Each location had a unique perspective of the challenges facing low-income seniors in their communities. However, the following five themes consistently emerged:

- Income
- Housing
- Transportation
- Health
- Awareness and Delivery of Services and Benefits

In BC, roundtables were held in Nanaimo, Maple Ridge and Vernon in March, 2008.

After discussing each of these five themes and their broader implications, the Report offers “suggestions for the federal government’s consideration” in each of the areas.

The full Report is available on the Government of Canada website at:
http://www.seniorscouncil.gc.ca/eng/research_publications/low_income/2009/hs1_9/page00.shtml

Membership News

Dear BCPGA Members:

2009-2010 membership application forms have been arriving steadily in our new P.O. Box since the last BC Pages newsletter. I am happy to report that, as of the start of the new membership year on April 1, 2009, 47 members have already paid for 2009-2010. Of these members, 18 are new to the BCPGA. A warm welcome to all new members!

For those of you who have yet to renew, your 2008-2009 active membership lapsed on March 31, 2009. To ensure that you continue to receive correspondence from us, we strongly encourage you to renew your membership as soon as possible. Membership forms were emailed to all members in early March and are available for download from the BCPGA website (www.bcpga.bc.ca).

You may have noticed a few important changes to the 2009-2010 membership application form. As noted in the previous newsletter, the BCPGA Board of Directors is now taking steps toward distributing BC Pages electronically through the membership email distribution list later this calendar year. However, we recognize that some members would prefer to continue receiving a hard copy of the newsletter. Therefore, new and renewing members have the additional option of continuing to receive a printed version of BC Pages in the mail by checking off the box in section 9) of the form.

The second noteworthy change to the 2009-2010 membership application form also appeared on this year’s conference and pre-conference registration forms. The BCPGA now has the capacity to process Visa and Mastercard payments. Our hope is that this additional payment option will simplify the application and renewal process.

But as before, the membership application form also gives you the opportunity to make suggestions for topics to be addressed in the BC Pages newsletter and at BCPGA annual conferences. Ideas are submitted to the respective committees as they are received. As you renew your membership or join our ranks, we welcome your suggestions for the 2010 BCPGA conference and for upcoming editions of BC Pages.

We continue to recognize the accomplishments and contributions of the BCPGA membership by profiling individual members in BC Pages. I encourage you to read the section on Dr. Stephen Kiraly in this edition. I want to again acknowledge Maia Kennedy and Betsy Lockhart for their efforts to prepare member profiles. Please email me at bcpga@yahoo.ca if you would like to share information on your achievements or workplace/program with the membership.

Help our membership grow! As our numbers increase, so too do our voice and reach. I urge all members to encourage at least one colleague to join the BCPGA. Please speak with your peers about the work of the BCPGA and the benefits of membership. If you let me know about a prospective member, I will also gladly follow up with them and answer any questions they may have.

Anthony Kupferschmidt
Membership Chair & Treasurer
bcpga@yahoo.ca

A recent initiative introduced by the Research Committee invites all members to submit current research project descriptions for inclusion in the newly developed **Members Research Inventory**. This Inventory will be posted on the BCPGA website and will provide members with the opportunity to learn about the exciting projects happening in the province. The Inventory will also provide access to the researchers for collegial discussion and sharing.

Since much of the research being conducted by members has a community focus, there may be opportunity for seniors' populations in your work areas to benefit from the research or to participate. The following is an example of the template used for the Inventory:

<p>University of Victoria</p> <p>PhD Student</p>	<p>Janet Love</p> <p>janets@uvic.ca</p>	<p>1) Neuropsychiatric Impairments as risk factors for Alzheimer's and Dementia</p> <p>2) Transportation and how it contributes to an Age-friendly community</p> <p>3) Age-friendly and accessible communities - urban, rural and remote communities</p> <p>4) Cognitive status and driving restriction - who is more likely to restrict?</p>	<p>1) The purpose of this study was to examine if behavioural impairments may be predictive of individuals who have mild cognitive impairment or dementia. Data was examined from the Canadian Study of Health and Aging (a 10 year longitudinal study).</p> <p>2) Building on the Age-friendly Cities project (A World Health Organization Initiative), I re-examined data collected from the parent project that was relational to transportation and how it contributes to an age-friendly community. In addition, this qualitative research project sought to see if the results fit within a developmental systems theoretical framework. This framework can be used to explain the reciprocal nature of individuals and their environment as individuals and communities change over time.</p> <p>3) Currently I am working as a project manager for the Age-friendly Communities Implementation team and we are working in partnership with the Ministry of Healthy Living and Sport Senior Secretariat to assist urban, rural, and remote communities implement age-friendly programs and policies.</p> <p>4) Using data collected from a 6-year longitudinal study, I am investigating if certain types of cognitive tests can be used to predict individuals who are more likely to restrict their driving or if certain types of tests are better than others in identifying these individuals.</p>
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To have your research included in the inventory please forward a description as above to Sandie Somers, Chair BCPGA Research Committee at sandra.somers@viha.ca
For further information you can contact Sandie by email or phone at 250-339-1592.

Mental Health & The Law

**UVic Centre on Aging –
Celebration of Health and Aging Research**

John Gray, BCPGA member and current Board member, was interviewed by the *Globe and Mail* December 1, 2008 about mental health and the law. "The fundamental problem is that we've deinstitutionalized the mental-health system, but we haven't deinstitutionalized mental-health law," Dr. Gray said. For the full interview, see: <http://www.theglobeandmail.com/servlet/story/RTGAM.20081127.wmhgraydiscussion1127/BNStory/mentalhealth/?pageRequested=all>

New Perspectives from Research on Healthy Aging: Implications for Policy and Practice is the second biennial information sharing event on health and aging research being hosted by UVic's Centre on Aging (COAG). The date for the event is June 18, 2009. For further information, please contact Lois Edgar at ledgar@uvic.ca or (250) 721-6524.

John Gray is the lead author of *Canadian Mental Health Law and Policy, 2nd Edition* (with lawyer Margaret Shone of Edmonton and psychiatrist Peter Liddle formerly chair of Schizophrenia, University of British Columbia), published by LexisNexis).

COAG has held a MSFHR Infrastructure Grant since 2003 – some of these funds have been employed to help the Centre to increase its research capacity and to expand its research initiatives with community partners. We are co-hosting this one-day event to provide you with an opportunity to share findings and your collaborations with other researchers, students, community partners, government, VIHA, and others who are interested.