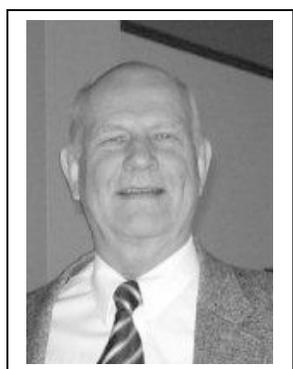




BC Pages

Newsletter of the B.C. Psychogeriatric Association

Annual General Meeting 2010-2011 President's Report



1. Appreciation

I would like to thank the membership and the Board of the British Columbia Psychogeriatric Association (BCPGA) for their dedication, creativity and work in helping achieve our goals. In particular, the Board, which increased its phone meetings to once per month, deserves our appreciation. Board members included Melinda Allison (Conference Chair), Elisabeth Antifeau (Vice-President and Advocacy Chair), Sandi Culo, Anne Earthy (Communications Chair), Jan Kohout (Secretary), Janet Love (Student Chair), Penny MacCourt, Jeff Renaud (Treasurer), Jane Tench (Membership Chair), Elaine Unsworth and Anita Wahl (Research Chair).

2. Strategic Planning for the Future of BCPGA

A major accomplishment this year was the development of the first formal Strategic Plan for BCPGA. The planning was facilitated by Jan Mitchell, a professional facilitator familiar with our issues. It involved the Board discussing issues with 5 officials from provincial government departments and communicating with our members, and it culminated in 10 hours of facilitated Board discussion.

The outcomes of the planning included a vision for BCPGA: "Leading the way in seniors mental health in BC", and a mission statement: "Meeting the needs of seniors with mental health needs by enhancing interdisciplinary collaboration, providing practice support, advocating for excellence of care, supporting and using research to inform practice, participating in the development of public policy and acting as a community resource."

The six strategic objectives adopted were: Advocacy, Practice Support, Membership, Communications, Responsive Governance and Partnerships. The committee structure of the Board will be modified to correspond to these objectives and the resulting "work groups" provided with goals and action plans to support these objectives. The Strategic Plan will be very useful in guiding the Board and Association over the next few years.

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3. Executive Director Position Established

Becoming the sponsoring organization for a Federally funded project (see below) has allowed us, at no cost, to establish an Executive Director position. Following a competition, Anthony Kupferschmidt was appointed. Anthony brings a wealth of knowledge and experience to the position, including that gained while he was the BCPGA Treasurer and Membership Committee Chair.

4. Projects

- A national project entitled, "Supporting Caregivers of Older Adults: Tools for Service Providers, Program Planners, Educators and Policy Makers" has been awarded to BCPGA with Penny MacCourt as the Project Director. Anthony Kupferschmidt is the Project Administrator and our Executive Director. The objectives of this project are to increase cross- and inter-sectoral capacity to address the needs of caregivers across Canada, enable service providers to offer evidence informed support to caregivers by developing a Caregiver Toolkit, and to ensure that policies and programs that affect caregivers of seniors directly or indirectly support them through development of a Caregiver Policy Lens.
- Our members are involved at the provincial level in a number of projects; for example Martha Donnelly is working on two projects for the Ministry of Health: *Protocols for the Management of Persons with Dementia in the Emergency Room/Acute Care*

and, with Penny PacCourt, *Community Seniors' Mental Health Resource Document*. John Gray is on the advisory committees for the two projects.

- BCPGA is working to expand its partnership on the annual *Beyond the Blues Depression and Anxiety Education and Screening Day* by identifying, reviewing and developing materials specific to older adults that can be distributed at local participating sites.
- An ongoing project is production of our newsletter *BC Pages*. Betsy Lockhart does a wonderful job gathering information and publishing the newsletter and keeping up the website.

5. Partnerships and Linkages

In order to bring information and linkages to our members and influence other organizations to include mental health issues of older people in their planning, the following has occurred:

- The Canadian Academy of Geriatric Psychiatry conference will be held in Vancouver on October 12, 2011 in partnership with BCPGA. This will be an excellent opportunity for members to attend a very relevant national conference.
- We continue to be full members of the BC Alliance on Mental Health/Illness and Addiction. We will examine possible projects from funding through the Community Action Initiative next year.
- We are exploring other possible partnerships with organizations such as the Crisis Intervention and Suicide Prevention Centre of BC. As members we are all seeking to forge partnerships and develop linkages which

President's Report cont'd p. 5

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

BCPGA
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Board Members for 2010-2011

President: John Gray
Vice-President & Advocacy Chair: Elisabeth Antifeau
Secretary: Jan Kohout
Treasurer & Membership Chair: Jeff Renaud
Communications Co-Chairs: Anne Earthy & Elaine Unsworth
Conference 2011 Committee Chair: Melinda Allison
Research Co-Chair: Anita Wahl
Student Representative & Research Co-Chair: Janet Love
Jane Tench
Penny MacCourt
Sanci Culo

Notice of AGM & Call for Nominations

All members of BCPGA are invited to attend the Annual General Meeting of the BC Psychogeriatric Association to be held Friday, April 29, 2011 at the Ramada Hotel, Prince George BC. In addition to the Treasurer's Report, Committee Reports and discussion of old business, there will be an election of new members to fill vacancies on the Board of Directors. Please submit nominations for these Board positions to John Gray; nominations from the floor will also be invited at the AGM.

RESEARCH NEWS

Dementia: Pushing the Knowledge Frontier

As the prospect of increased incidence of Alzheimer's and related dementias grows with the increase in the population of older adults, research into the many factors, and implications continues. Recent research that may be of interest includes the following:

With funding from the Canadian Institutes of Health Research (CIHR):

- Dr. Lili-Naz Hazrati, neuropathologist, Toronto General Hospital/University Health Network: Currently, there is no treatment that slows or stops the progression of Alzheimer's disease. Dr. Hazrati is using genomics and proteomics approaches to analyze the role of specific proteins and genes in maintaining the health of synapses and preventing their death as a result of Alzheimer's disease. Dr. Hazrati's work will lead to a better understanding of the molecular mechanisms underlying synaptic dysfunction in Alzheimer's disease and could potentially lead to the development of a therapy that can disrupt those mechanisms to slow or stop the progression of the disease.
- Dr. Donald Weaver, Professor and Canada Research Chair in Clinical Neuroscience, Dalhousie University: There are drugs that treat the symptoms of Alzheimer's, but no drugs right now that modify the course of the disease, by stopping or slowing its progression. Dr. Weaver has used computer-based drug design to identify a compound that interferes with the processes that lead to Alzheimer's disease. He is now testing that compound to see if it could become a drug. If successful, Dr. Weaver's research could lead to the first drug to stop or slow the progression of Alzheimer's disease.
- Dr. Pia Kontos, Research Scientist, Toronto Rehabilitation Institute; Assistant Professor, Department of Public Health Sciences, University of Toronto: Agitation or violence in people with dementia are often interpreted as symptoms, rather than as a meaningful self-expression, and consequently treated with chemical and physical restraints. Dr. Kontos is using drama to make health-care professionals aware of this self-expression and help them develop better strategies to respond to it. Health-care professionals using Dr. Kontos' approach with dementia patients have found that agitation and violence decrease, reducing the need for drugs or restraints and making it easier for them to do their jobs.
- Dr. Sylvie Belleville, Institut universitaire de gériatrie de Montréal: Identifying people with early-stage Alzheimer's disease, before the disease does too much damage to the brain. Dr. Belleville is using simple tests of memory, attention and perception to distinguish those who suffer from mild cognitive impairment from those in the early stages of Alzheimer's disease. Identifying people with Alzheimer's disease early means that measures can be taken to slow the rate of damage to the brain.

For more information on these research projects, see the website of the Canadian Institutes of Health Research:

www.cihr-irsc.gc.ca/

NEWS FROM THE REGIONS

Interior Health Announces Significant Investment in Residential Care

Interior Health is pleased to announce that an additional \$5.9 million will be available in 2011 to enhance the care provided to residents living in publicly funded residential care sites. The investment will standardize the delivery of residential care across Interior Health and will be directed to staffing, education and quality initiatives. Particular attention will go towards enhancing care for residential clients with the highest and most complex needs.

"This funding will improve the quality and consistency of care for seniors, so that regardless of where clients live, they have access to the same standard and level of quality service," said IH Board Chair Norman Embree.

Through this initiative, the majority of Interior Health sites will see an increase in funding to deliver care to residents. Across Interior Health, the hours of direct care that residents receive at all residential care sites will now meet an average of 3.15 care hours per resident per day. Care hours include the care provided by RNs, LPNs, Care Aides, and activity and rehab staff.

"While not all sites will see a direct increase in hours, I am very pleased that our broad investments in staff education and care planning will benefit all sites," said IH Vice President of Residential Services Donna Lommer.

Interior Health will be hiring additional educators to support frontline staff, as well as introducing four quality coordinator positions to ensure the highest quality of care standards are in place at all residential sites.

A similar process of standardizing care hours occurred in the IH-contracted private partner sites last year when Interior Health invested an additional \$4 million to ensure residents at these sites were provided with the same level and quality of service.

This additional investment is made possible through the residential rate adjustments that took effect across British Columbia in January 2010 and 2011. All health authorities are allocating revenue generated through the new rate structure into residential care services, ensuring the continuation and improvement of quality and equitable care.

Interior Health funds 5,185 beds for residents requiring 24/7 complex care through facilities owned and operated by Interior Health and those operated by contracted private partners.

For more news about what's happening in the Interior Health region, see their website, from which the above announcement was taken: www.interiorhealth.ca/

LINKS & LEADS

Upcoming Events

A public forum - *Healthy Aging Through Falls Prevention Among Older Aboriginal People* – will be held May 2, 2011 from 3-6:30 PM at the First People's House, University of Victoria. Chaired by Dr. Jeff Reading, Centre for Aboriginal Health Research, UVic and Dr. Vicky Scott, Falls Prevention Advisor to the BC government, the forum will kick off with a keynote speech entitled "Shared Knowledge for Injury Prevention Among Aboriginal Peoples" by Dr. Bruce Finke, IHS Elder Health Consultant and Ms. Nancy Bill, IHS Injury Prevention Manager. For further information or to register for the forum, contact Bianka Bawan at bsaravan@uvic.ca.

Active Aging Symposium: What do seniors, at various stages of aging, need to know in order to plan for a healthy older age? The Active Aging Symposium will be a discussion and opportunity to share ideas on best practices to support healthy aging planning in British Columbia. Dr. Margaret MacDiarmid, Parliamentary Secretary for Seniors, will provide the Opening address.

WHEN: Thursday, June 9, 2011 WHERE: Simon Fraser University at Harbour Centre 515 West Hastings Street, Vancouver, British Columbia TIME: 8:30 a.m. to 4 p.m. WHO SHOULD ATTEND? Seniors' organizations care providers, administrators, community organizations, health providers and those interested in seniors' programs.

CLICK HERE TO REGISTER! Space is limited. Please reserve your seat now! Registration deadline is May 27, 2011. There is no charge to attend the symposium. Lunch and refreshments will be provided.

FOR MORE INFORMATION: Please contact Aletta Vanderheyden, Symposium Coordinator, by calling (250) 952-7948 or emailing Aletta.Vanderheyden@gov.bc.ca.

Elder Abuse Prevention: The Province of British Columbia has joined with others around the world in honouring and supporting seniors by proclaiming June 15th as World Elder Abuse Awareness Day (WEAAD).

Gerontological Society of America. However, he is very pleased to now be working in the not-for-profit world in paid capacities. In his current role with the BCPGA, Anthony can be contacted at bcpga@yahoo.ca.

If you would like to learn more about his work with the Alzheimer Society of BC, he can be reached at:

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STAFF PROFILE

Anthony Kupferschmidt

You have likely seen his name appear in your inbox on a regular basis. Given his new part-time role as Executive Director of the BC Psychogeriatric Association, we are pleased to profile Anthony Kupferschmidt, MA, CPG.

Anthony became interested in the field of aging (without knowing it at the time) by regularly visiting his mother, a nurse, in the long-term care facility where she worked. After completing undergraduate degrees in Psychology at Queen's University (2003) and Gerontology at McMaster University (2005) and working in a care facility and with the Regional Geriatric Programs of Ontario, Anthony moved to Vancouver to pursue graduate studies in Gerontology at Simon Fraser University. He collected his thesis data (with financial support from the Michael Smith Foundation for Health Research) through the Clinic for Alzheimer Disease and Related Disorders at the University of British Columbia Hospital, focusing on psychological resilience of spousal caregivers of persons with dementia. His experience there turned into full-time work as a psychometrist and researcher through the Division of Neurology in the UBC Department of Medicine.

Last fall, Anthony took a position as Support and Education Coordinator with the Alzheimer Society of BC. Based out of the Richmond Resource Centre, he is responsible for the Richmond, South Delta, Ladner and Tsawwassen areas. While he misses having hands-on involvement with research, he truly enjoys the unscripted face-to-face time he now has with persons with dementia and their family members.

Anthony is also the Immediate Past President of the Canadian Association on Gerontology - Association Canadienne de Gérontologie (CAG-ACG) Student Connection - Connexion Étudiante (SC-CÉ). In this capacity, he is working to formally organize national student and recent graduate chapters of gerontology organizations at the international level.

Anthony has been a member of the BCPGA since 2006, and was the first Student Representative on the BCPGA Board of Directors in 2007. He served as Treasurer and Membership Chair before stepping down from the Board last year to become the first BCPGA staffperson. In this role, he serves as the Project Administrator on a federally funded initiative, "Supporting Caregivers of Older Adults: Tools for Service Providers, Program Planners, Educators and Policy Makers."

Anthony has a passion for the social profit sector, as exemplified by his volunteer work with the BCPGA as well as his past service to the Caregivers Association of BC, the Alzheimer Society of Kingston, and the



will help further the aims of the BCPGA.

6. Conferences

The annual BCPGA conference is always a highlight of our year's activities. It provides not only great educational opportunities for members and others but also encourages networking between delegates and with the Board. The Annual General Meeting, held at that time, benefits from the input of members at the Conference.

Melinda Allison and the team in Prince George have worked hard and I am confident will produce an excellent BCPGA Conference 2011. Our thanks to them.

The 2010 Conference held in Nanaimo is described in detail by Penny MacCourt in the December 2010 issues of *BC Pages*. The committee that developed and delivered the excellent program, chaired by Andrea Hunter, is to be thanked for their excellent work.

7. Conclusion

I believe we have made good progress this year in clarifying our objectives, we are in good financial shape and our membership numbers are increasing. But we can always do more. I encourage members to share any ideas or concerns with the Board in order to advance the important objectives of our Association.

Thank you.

John E. Gray PhD
President

“Beyond the Blues”

BCPGA will endorse the ‘Beyond the Blues: Depression and Anxiety Education and Screening Day’ provincial event again in 2011 (October 6th). Please see the following link for more information:

www.heretohelp.bc.ca/events

We are working with the BC Division of the Canadian Mental Health Association to expand this year's event to reach more older adults and their family members. One way in which we hope to build the capacity of this event is to identify fact sheets FOR seniors (not about seniors) on mental health issues connected to mood, anxiety or risky drinking. These fact sheets will be provided to older members of the general public who attend the participating education and screening sites, and will enhance the number of senior-specific resources available. They should be written in plain language for a lay audience, and not for professionals. We welcome fact sheets that could be used ‘as-is’, or adapted for this purpose.

Please direct fact sheets or information to bcpga@yahoo.ca.

Advance Care Planning Policy In Vancouver Coastal Health

By: [Darren Kopetsky](#), Regional Director, Client Relations & Risk Management, and [Pat Porterfield](#), Regional Leader, Palliative Care

On February 1, 2011 VCH adopted a policy on advance care planning (ACP). This policy emphasizes the importance of encouraging capable patients to have discussions about future health care decisions and consider advance care planning. The policy supports VCH's commitment to recognize and respect these health care wishes when a patient receives care.

What does this policy mean for care providers?

Over the next few months, we will be working in partnership with leadership and staff at acute care facilities across VCH to implement standardized guidelines on advance care planning. This will support the work frontline clinicians are currently doing in recognizing and respecting the health care wishes of their patients. Within acute care, this includes the implementation of greensleeves in patient charts as a way to help staff store advance care planning documents for easy reference when providing patient care.

We recognize that many VCH health care providers are already familiar with recognizing and respecting patient's advance care planning documents. Our guidelines will build on top of what is already being done, to help ensure the consistent application of best practices in advance care planning receipt and management across the health authority.

Why is advance care planning policy important to staff?

When providing care, we are ethically and legally required to respect a patient's expressed health care wishes when they become too ill to make these decisions for themselves. Advance care planning is one of the common ways patients make their future health care wishes known to their family, friends and health care providers.

Knowing a patient's future health care wishes can also help reduce the physical, moral and emotional stress for patients, families and frontline clinicians while providing health care, particularly during end of life care.

New provincial legislation on advance directives (a form of advance care planning documentation) will come into effect Sept 1, 2011. We anticipate this will trigger an increase in the number of patients coming into our health care system with documents about their future healthcare wishes and trigger existing clients/patients to ask about advance care planning.

Advance Care cont'd on p. 6

2011 Conference Highlights

“Discovering and Doing: Bringing Research and Practice Together in Mental Health for Older Adults”

Friday April 29th & Saturday April 30th, 2011 at Ramada Hotel
444 George Street, Prince George, BC

Dr. B. Lynn Beattie, Professor Emeritus, Division of Geriatric Medicine, Dept of Medicine, University of British Columbia. Dr. Beattie will open the conference with a keynote address entitled: Dementia Care: Gaps, Chasms and Bridges.

Other conference presentations will include:

- Alison Leany of NICE, “National Initiative for the Care of the Elderly”, will present a number of tools developed by NICE to detect, respond to and prevent elder abuse.
- Yvonne Shewfelt, Gail Russell, & Christie Heuston: “Elder Abuse Prevention in Rural Settings: A Vision, A Process, A Program”
- Dr. Penny MacCourt, Dawn Hemingway, Marian Krawczyk, & Joanna Pierce: “Developing Tools to Support Caregivers of Older Adults: Service Provider Toolkit”
- Janis Smith: “Efficacy of Recreation Therapy; Interventions for Persons with Dementia”
- Alison Leany of NICE: “Being Least Intrusive: An Orientation to Practice for Front Line Workers Offering Services to First Nations Communities”
- Dr. B. Lynn Beattie: Update on the Alzheimer Drug Therapy Initiative project
- Dr. Douglas Drummond: “Hidden Harms with Commonly-prescribed Psychotropic Medications”
- Dr. BJ Tippett: “Stroke, Stroke Care and Neuroplasticity”
- Marg Turner and Barb Carstenson from BC Drive-Able Program /BCAA Traffic Safety Foundation: a review of the Driver Fitness Program in BC as it relates to Cognitive Impairment including DriveAble and SIMARD MD (Screen for the Identification of Cognitively Impaired Medically At-Risk Drivers, A Modification of the DemTect).
- Kathy Kennedy, Alzheimer Society of BC: First Link[®], an early intervention service designed to connect individuals and families affected by Alzheimer's disease or a related dementia with services and support as soon as possible after diagnosis. Formal referral from physicians and health professionals allows for proactive contact with individuals and families.
- Dr. Nancy Jokinen: Adults Aging with a Developmental Disability
- Lola Dawn Fennell, Director, Senior Peer Counselors of BC: “Peer Support: self-help and empowerment for seniors”
- Dawn Hemingway & team: “Stand With Me: Taking A Partnered Approach to Supporting Older Adults in Northern Communities”. A panel discussion involving all project partners speaking to the successes and challenges in implementing and evaluating the delivery of IADL services in northern communities. We expect this discussion will be valuable for any practitioners or community organizations/

agencies working to enhance the health and quality of life of older adults in need of non-medical supports.

- Christiane Hirt & team: Psychosocial Approaches in Older Adult Mental Health: Two Successful examples in the North
 1. Older Women share their experiences of a long-running support group for depression and anxiety, and;
 2. Legion Wing: A harm reduction supportive housing program for older adults with mental health and substance use issues

Dr. Theresa Healy will close out the conference by facilitating an Open Space Café where the BCPGA community in a collaborative dialogue on aging will share wisdom and create possibilities for future action. Conference participants will be encouraged to ask questions and engage in discussion with their colleagues.

We look forward to seeing as many of you as can attend and to sharing networking and thoughtful discussions!

Advance Care cont'd from p. 5

Education opportunities for VCH staff

All front line health care providers should be familiar with what advance care planning is and where to refer staff and patients for more information on advance care planning. In the following months, we will be providing education to help health care staff to understand their role in the advance care planning process and help to implement VCH's advance care planning policy and framework within their own healthcare team.

We will be working with leadership at each acute care facility to determine how to best provide this education. We will also be working with the community to build on their current interest and expertise in advance care planning. If you have any questions about the education opportunities available to VCH staff about advance care planning policies and guidelines, contact us at advancecareplanning@vch.ca

Key resources for staff and patients

Advance care planning information and tools are now available for both staff and the general public. Staff looking for policies, procedures and resources on advance care planning should visit: [Advance Care Planning](#) on VCH Connect (under Client Relations & Risk Management). Current clients/patients and the general public should be referred to www.vch.ca/acp for information and resources about advance care planning at VCH.

Alder: Tertiary Mental Health Unit Ready to Open in Vancouver

By Jocelyne Wong, Regional Director, Tertiary Mental Health and Addiction Services, and Lorna Howes, Director, Mental Health & Addiction, VCH-Vancouver and Co-chair, Tertiary Mental Health Implementation Committee

Providence Health Care (PHC), in partnership with Vancouver Coastal Health (VCH) and Fraser Health Authority (FHA), is ready to open the Alder unit, a new 20-bed tertiary (specialized) mental health unit located on the first floor of St Vincent's Langara Residence. Alder will house the neuropsychiatry tertiary mental health program.

Neuropsychiatry program at Alder

The neuropsychiatry program will provide a range of specialized services to meet the needs of adults with complex brain disorders/injuries and mental illness which currently prevent them from living successfully in community settings. The first clients accessing the neuropsychiatry program will be transferring from Riverview Hospital. Client transfers from Riverview Hospital will begin April 12, 2011.

About the program

The program provides clients a safe, supportive home-like environment, with the goal of helping them increase their functional abilities and quality of life. When a client is ready and able, we will help clients transition to a community setting with supports in place. Stays range from 18 months to several years. How long clients stay at Alder will depend on each client's unique needs and the availability of appropriate supports in the community. Beds at Alder will be occupied upon opening of the unit. We do not expect capacity for new admissions to the adult tertiary rehabilitation program until further notice.

Riverview Hospital remains open to provide tertiary mental health services for adult and older adults with serious mental illness. Clinicians are being asked to continue referring clients to Riverview Hospital for tertiary mental health services until further notice. PHC, VCH and FHA will jointly oversee the governance, operation and access to these neuropsychiatry beds. Funding for these beds will be shared between VCH and FHA.

Referrals and admissions to tertiary mental health services

With the opening of Alder, there should be no change to the current tertiary referral processes. Clinicians are being asked to continue referring clients to Riverview Hospital for tertiary mental health services until further notice. All new tertiary mental health services being operated by VCH and PHC will be accessed through a central access and discharge structure. This will allow for better utilization of tertiary mental health resources across the region. Providence Health Care (PHC), Vancouver Health (VCH) and Fraser Health Authority (FHA) are working together to develop an access and discharge model



Centre for Brain Health at UBC Hospital Receives \$15M Donation and New Name

Media Release | Apr. 4, 2011:

The University of British Columbia today announced a \$15 million gift from Vancouver philanthropist Djavad Mowafaghian for a new facility that integrates brain research and patient care. In honour of his generosity – the largest gift to date to the UBC Faculty of Medicine – the facility will be named the Djavad Mowafaghian Centre for Brain Health. The Brain Research Centre comprises more than 225 investigators with multidisciplinary expertise in neuroscience research ranging from the test tube, to the bedside, to industrial spin-offs.

“I was attracted to the UBC Faculty of Medicine for the research it conducts and its efforts to find cures for brain disorders affecting children,” said Mowafaghian, whose decision to support the project became more personally meaningful after he suffered a stroke last April.

The 135,000-square-foot building will be dedicated solely to brain health, and will bring researchers and clinicians together from the areas of neurology, neuroscience, and psychiatry. Through uniting disciplines as well as research with patient care, we move quickly to translate new treatments and discoveries into better health, and provide our patients with a one-stop service to better meet their needs.

The multi-disciplinary, collaborative approach to tackling brain diseases and disorders puts VCH and UBC in a unique position to make significant advances that will benefit people throughout British Columbia and around the world.

To visit the website dedicated to the project, visit www.centreforbrainhealth.ca or visit the VCH Research Institute web page at www.vchri.ca.

for the shared neuropsychiatry beds at Alder. This will ensure this new neuropsychiatry service will be shared equitably across the health authorities.

What's next?

Over the next two years, Vancouver Coastal Health (VCH) and Providence Health Care (PHC) will continue to develop new tertiary mental health beds across the region. VCH and FHA will be partnering again in developing a shared psychiatric intensive care unit (PICU) in Surrey next year. This is part of a larger provincial plan to meet the need for mental health services in our communities and improve integration of our existing mental health and health services. The next service scheduled to open is the older adult intensive support program. This program will be housed at the Parkview units located at Youville Residence. Visit Tertiary Mental Health Services for more info about the Tertiary Mental Health project.

The Seniors Health Research and Transfer
Network's

*Community of Practice on Aging and
Developmental Disabilities
and Partners*

CROSS CANADA SURVEY

**Learning & Information Needs of
Family and Staff Caregivers of Adults
with an Intellectual Disability
Who Have Dementia**

The Seniors Health Research Transfer Network (SHRTN) Community of Practice on Aging and Developmental Disabilities, in partnership with the Alzheimer Knowledge Exchange, hosted a webinar on January 14th, 2010 entitled 'Dementia and Adults with a Developmental Disability'. This webinar provided an overview and discussed dementia as it relates to adults aging with developmental disabilities. Participants expressed interest in learning more about this topic.

- To identify the learning & information needs of family and staff caregivers of adults with a developmental / intellectual disability who have possible dementia and
- To develop learning opportunities that match learning needs and interests

The survey is open to family members, staff providing direct care, professionals, managers, administrators, and policy makers. They are all invited to complete this short survey that will take about 15 minutes.

The SHRTN Community of Practice and our partners will make the findings of the survey available to participants and interested others through website postings, presentations and publications.

The survey can be found at:
<http://app.fluidsurveys.com/s/dementiaintellectualdisability/>

Paper copies of the survey are also available, upon request, from:

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2011 Annual Scientific Meeting
Canadian Academy of Geriatric Psychiatry
(CAGP)

***Crisis in Geriatric Psychiatry: Perspectives from
Emergency and Acute Care***
Call for Abstracts

The CAGP is now accepting abstracts for workshops for presentation at the annual scientific meeting on October 12, 2011 in Vancouver, British Columbia themed "Crisis in Geriatric Psychiatry: Perspectives from Emergency and Acute Care," hosted in partnership with the British Columbia Psychogeriatric Association (BCPGA). 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.

While preference will be given to workshops on the topics of crisis, emergency, or acute care in geriatric psychiatry, all high quality workshops will be considered by the scientific committee.

Instructions

1. Please include the title, the goal(s) and three learning objectives and abstract text of no more than 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.
2. Please include the name, credentials, affiliation, mailing address, telephone number and email address of all presenters.
3. Presenters will be required to provide a 1-2 paragraph executive summary of the lessons learned for inclusion in the CAGP newsletter.
4. Audio-visual aids will be provided as requested on the submission. In keeping with the principles of Maintenance of Certification (MOC), a **minimum of 25%** for the total workshop time must be allotted for discussion.
5. You will be notified of the Program Committee's decision regarding your submission.
6. It will be assumed that the presentation will be made in the language in which the abstract is submitted (English or French).
7. The submission form must be provided electronically via email to info@cagp.ca with the subject heading, "Workshop Abstract CAGP 2011 meeting". A template can be found here:

<http://www.cagp.ca/Resources/Documents/ASMresources/CAGP%20Workshop%20Abstract%20Submission.doc>

If you have any questions please do not hesitate to contact the CAGP office at 416-921-5443 or info@cagp.ca.