



# BC PAGES

Newsletter of the B.C. Psychogeriatric Association

## President's Report

### 10<sup>th</sup> Anniversary of the BC Psychogeriatric Association: CHARTING THE COURSE FOR THE FUTURE



In a few short years, 25% of the population in British Columbia is projected to be 65 or older. Governments, policy analysts, the media, health and social service agencies as well as the broader community are talking about the upcoming shift in demographics. Some speak with fear about the coming onslaught of baby-boomers. Others speak in a more moderate way. And still others speak about the wisdom, knowledge and skills an older population can contribute to enhancing any society. Much of the planning and discussion is focused more on the future situation than on the current one. But there is a growing movement, including older citizens themselves, their families as well as those working with older adults or teaching future care providers or creating research to help plan for the future, which is not just looking to the future but is focused on the current situation.

For more than 10 years, the BC Psychogeriatric Association has been part of this developing movement. We understand the need for longer term planning and were heartened by the perceptive recommendations of the Premier's Council on Aging and Seniors' Issues. We work on many fronts to bring about the necessary policy, practice and broader systemic change that will create an environment and specific frameworks in which older adults in British Columbia can have the best quality of life possible. But while seeking to address the future, in our day-to-day practice we are inescapably faced with a multitude of urgent and immediate needs. Older citizens themselves and their families are only too familiar with these pressing problems.

So while we support the new focus on future needs of an aging population, we also seek solutions for today. We seek to ensure that older citizens are able to make their own decisions about where and how they wish to live their latter years. We embrace the new language of "prevention", of "primary health care", of "person centered care", but we also seek the means and resources to turn these phrases into reality and meet the needs of seniors now.

#### *BCPGA Contributions to Realizing Changes*

As an interdisciplinary and completely volunteer organization of committed practitioners, educators and researchers with members from all regions of the province, it is actually quite amazing the quantity and quality of the work the BC Psychogeriatric Association has been able to initiate and be part of over the years. The following is a sampling of the accomplishments of our Association and its members between our June 2006 to May 2007 Annual General Meetings:

#### Funded BCPGA projects

- Phase II of our federal population health grant to implement and evaluate the Seniors' Mental Health Policy Lens developed in Phase I
- Receipt of another federally-funded population health grant – *Promoting Seniors Mental Health in Cancer Care* (\$200,000).

*Cont'd on p.2 – Pres. Report*

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Invited collaboration and involvement with other projects such as:

- *Advanced Care Planning in the British Columbia Health Care System*
- *Understanding the Needs of Mentally Ill Older Adults in BC*
- *Identifying Issues, Challenges, and Concerns for Community Frontline Practitioners Working with Older Adults with Severe Mental Illness*

Selected Provincial contributions:

- Invited presentation to the Premier's Council on Aging
- Invited chapter in the BC Yukon Transition House Society's Best Practices for service providers working with older women experiencing violence in relationships; specific focus on meeting the needs of older women experiencing cognitive loss
- Invited review of the BC Dementia Service Framework
- Invited presentation for provincial conference of the Community Living Association of BC regarding aging and developmental disabilities
- Submission to the Attorney General regarding the Adult Guardianship Legislation review process – specifically, Bill 32 (now Bill 29)

Growing Networking Relationships and Joint Work

Some examples include:

- BC Network for Aging Research
- Geriatric Mental Health Education Initiative
- BC Home and Community Care Research Network
- Canadian Coalition for Seniors Mental Health

Organizational Developments

- Revamping and re-launching of the BCPGA website: [www.bcpga.bc.ca](http://www.bcpga.bc.ca)
- Availability of newsletter archive on website
- Membership form and membership database development
- Introduction of student poster competition and travel awards to annual conference
- Addition of student member to the BCPGA Board

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

**BCPGA**  
c/o Dawn Hemingway, MSc, MSW, RSW  
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Lorea Ytterberg: 250-565-7450  
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This is in no way an exhaustive list and it doesn't even attempt to capture the day-to-day innovations, contributions and accomplishments of frontline and managerial staff. On behalf of the BCPGA Board, I would like to thank all our members for contributing to the success of our work and to the betterment of the lives of the older adults in British Columbia that we seek to serve.

*10<sup>th</sup> Anniversary –*

*A Time for Reflection, Assessment and Future Planning*

In most organizations, the conclusion of each year's work evokes discussion of accomplishments and plans for the future. But there are points in time in an organization's development that warrant a more substantive assessment and reflection. The 10<sup>th</sup> Anniversary of the BC Psychogeriatric Association is such an occasion - a time to examine the work done since the founding of the BCPGA - its mandate and its goals; to look at the current political, economic and social climate; to assess current needs in the field of psychogeriatrics. In short, as the theme of our 2007 annual conference so eloquently put it, to *chart our course for the future!*

With agreement from those in attendance at our May 2007 Annual General meeting, we have begun this evaluative process and encourage all our members (and future members) to engage in this time of reflection, assessment and future planning. It is an opportunity to recognize the incredible successes of the BC Psychogeriatric Association to date while working together to determine how BCPGA can best serve the needs of older adults in BC into the next decade. We welcome your insights and ideas. Send your thoughts to the BCPGA newsletter – *BC Pages*. Connect with a member of the Provincial Board (contact information is on our website: [www.bcpga.bc.ca](http://www.bcpga.bc.ca).) Contact a BCPGA member in your community. We have an exciting year (and years) ahead! And we look forward to hearing your thoughts on what the work of the BCPGA should look like in the decade to come.

Respectfully submitted by:  
Dawn Hemingway, MSc, MSW, RSW  
President, BC Psychogeriatric Association

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**63 Attend the 2007 BCPGA Conference:  
Charting the Future**

Attendees expressed satisfaction with the opportunities to network, the quality and variety of presentations, the meals and the hotel venue and the lively discussions during and after the presentations at the annual conference held in Victoria May 10-12, 2007. For those who were not able to attend, a full list of session abstracts will soon be available on the BCPGA website ([www.bcpga.bc.ca](http://www.bcpga.bc.ca)) and some have been selected for inclusion in this newsletter.

The 2008 conference will be in Cranbrook at the Prestige Inn May 1-3, 2008. The organizing committee – with Randy Grahn as Chair – is already at work. Many details remain to be worked out, but two potential extra events are a tour of the Railway Museum and a banquet in the Grand Alexandra Hall. More details will be forthcoming both in the newsletter and on the website as they become available, so stay tuned!

## Gloria Gutman's Opening Keynote Highlights Place, Space and Pace

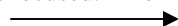
*Place, Space and Pace: Three Fundamentals for Charting the Future* - Everyone needs a place to live and to be valued and if necessary, to be healed. Creating human and humane living environments is vital for providing older adults with mental disorders and/or addictions places in which they can live with comfort and dignity. As the population of older adults rises, more professional caregivers with knowledge and skills will be needed and more spaces for providing training must be established. The changes in technologies and treatments, policies and procedures puts everyone through their paces as they work to keep up skills and knowledge. These fundamentals will challenge us to provide the best possible care in work environments that are constantly changing.

Dr. Gloria Gutman, Simon Fraser University - Dr. Gutman is well known in the field of gerontology as an educator, author, and consultant. Dr. Gutman developed the Gerontology Research Centre at Simon Fraser University (SFU) and was its director from 1982-2005. She also developed the Department of Gerontology at Simon Fraser University and served as its Director from 1983-2003. The Department is one of only four in Canada that offers a Masters Degree in Gerontology. Dr. Gutman currently teaches in the Gerontology Department at SFU and is Director of the Dr. Tong Louie Living Laboratory. The Living Lab, which Dr. Gutman was instrumental in establishing, is a joint initiative of the SFU Gerontology Research Centre and the BC Institute of Technology. Gutman is the author/editor of 20 books and monographs and over 150 scholarly articles, reports and chapters. She has been a consultant to the Ministry of Lands, Parks and Housing in B.C., the Continuing Care Division of the B.C. Ministry of Health and to Health Canada. Her research interests are wide-ranging; they include seniors' housing, long term care, health promotion, dementia care and environmental design. Projects currently in progress include "Towards More Age Friendly Hospitals", a series of studies being undertaken for the Fraser Health Geriatric Clinical Services Planning and Delivery Team, and one exploring the urban planning concepts of smart growth, livable and sustainable communities and their relationship to aging in place.

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### **The Healthy Brain Program: An Innovative Approach to Health Promotion**

As clinicians we remain challenged by the treatment of degenerative diseases of the brain. Given that the brain is the weakest link in organ repair and replacement, it is astounding that our formal institutions do not take prevention more seriously. Clinicians, patients and all people in general are bombarded by random information on aging and the brain but they do not have reliable, practical guidelines and teachers. We need a synthesis of what has progressed safely and efficacy in the prevention of brain degeneration. The Healthy Brain Program (HBP) is an office/classroom/group based brain health approach that draws from evidence-based knowledge, debunks junk science, and is user-friendly and patient focused. The



## BCPGA Endorses "Beyond the Blues" Screening Day Event

The BCPGA Board has agreed to endorse this event which is presented by the BC Partners for Mental Health and Addictions Information. Depression Anxiety Education and Screening Day (DAESD) is held annually in October during the first Thursday of Mental Illness Awareness Week. This year's Depression Anxiety Education and Screening Day will be on October 4, 2007.

The event is a high-profile awareness campaign that seeks to educate the public about the types and symptoms of depression, anxiety disorders and related conditions; the impact on individuals, families, workplaces and communities and the ability to be screened for the illness similar to other physical conditions like high blood pressure or diabetes. Most importantly, the event highlights successes with recovery and the availability of various treatment options as well as community resources and supports. The intent is to educate, not diagnose.

Screenings are free, anonymous and confidential. At a screening site, people are invited to come and learn more about the symptoms and treatment options available for mood and anxiety disorders. Participants fill out a short screening test known as the HANDS® tool (for major depression), the MINI® tool (for anxiety disorders), or any number of other specialty questionnaires for other conditions such as postpartum depression, mania (bipolar disorder), or for special populations like seniors, youth and ethnocultural groups. This year, risky-drinking screening has also been added at several sites. After completing the short quiz that fits best, attendees then meet briefly with a mental health professional to discuss the results of the form. Print, video and seminar resources are also available for participants. Some sites provide this education component only without the screening. The "Older Adults and Depression" brochure developed by Charmaine Spencer at SFU is one of the most popular resources offered at the sites.

More information about this event is available on the HereToHelp website: <http://www.heretohelp.bc.ca/events/>

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program is based on eight categories of brain health, each of which is supported by research. The eight pillars of brain health include; safety, nutrition, physical exercise, mental exercise, stress management, sleep, hormone balance and treatment of disease. This session provided an overview of the Healthy Brain Program and a follow-up practical-based presentation by the Mental Health Team from Sea to Sky on how the pillars of brain health have been incorporated into programming for those with mild cognitive impairment, early dementia and other mental health diagnosis.

Presenters were Dr. Stephen Kiraly and clinicians from the Older Adult Mental Health program in Sea to Sky -- Donna Howard (RPN), Sara Voyer (OT), Nadine Goodgrove, RN and Carla Fuhre RN. Dr. Kiraly is the author of the Healthy Brain Program, a clinical assistant professor in the Department of Psychiatry, UBC and consultant in geriatric psychiatry in community mental health teams in West Vancouver and the Sea to Sky region.

## Attracting Nurses to Geriatric Psychiatry

**The PEIF Project** - Senior Bachelor of Science in Nursing students in a final practice placement are not likely to jump up and down in enthusiasm to work with older adults with mental health and/or addiction challenges. Many students do not see the value in this kind of experience. Others express interest in this area of practice, but fear a senior placement here would not address their need to be able to demonstrate all the competencies required of a new grad. In response, this project was developed in order to create collaborative and empowering learning environments and resource materials such as case studies and learning activities to foster thoughtful learning amongst students, educators and health care providers in the practice setting as well as address misunderstandings, stereotyping and negative attitudes that may arise in this area.

Presenters in this session were: Bev Wilden, RN, MN - Clinical Nurse Specialist - Older Adult Mental Health & Addictions Services, VIHA; Rani Manickam, RN, BSN - Clinical Nurse Educator - Practice Resource Team - Mental Health & Addictions Services, VIHA.

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## Vernon's Integrated Care Program

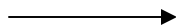
This program is a case management model that supports patients by helping them navigate the system from whatever point in the continuum of care they enter. By providing a "one stop shop" for the physician and the patient, Integrated Care Coordinators (ICC) are well versed on all the resources available in the community and help to match the most appropriate resources for the patient. The program respects that each patient has a unique story that impacts their needs and choices at various points of wellness through their lives. The ICC is the author of an integrated electronic careplan that follows the patient throughout the system. The careplan reflects the various challenges patients face in their lives including challenges with the systems they encounter. The ICCs have stories of their own, bringing varied skills and experiences to a multidisciplinary team who tackle complex problem-solving and social issues that impact patient health and wellness.

Presenters were Bev Powell (RPN from BCIT, BEd from UBC) and Program team members. Bev works for Interior Health as the Integrated Care Coordinator in the North Okanagan.

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## Michael Cooper's Keynote Describes Dementia Profiling

**Charting the Future of Dementia Care - Dementia Profiling** - How will the recent findings from the Clinical Antipsychotic Trials in Intervention Effectiveness (CATIE) study impact our practices? The "dementia profile" was presented as a new tool to understand assessment and treatment by moving beyond Behavioural and Psychological Symptoms of Dementia.



## Applying the Seniors' Mental Health Policy Lens

This session shared the experience of those who have implemented the Seniors Mental Health Policy Lens (PL) and solicited input from workshop participants about how best to promote the PL nationally to service providers, government, non-government and seniors organizations, and educators.

The Seniors' Mental Health Policy Lens is an analytical tool to identify the direct or indirect negative repercussions of policies and programs on older adults' mental health, and the unintended ageist biases of policies not specifically targeting seniors. The PL is based on data gathered from 12 focus groups with older adults across Canada. It incorporates older adults' perspectives about factors that influence their mental health and reflects their values. Additionally, the Policy Lens incorporates principles of population health determinants, mental health promotion and healthy aging policy, and values embedded in Canada's "National Framework for Aging."

The PL was developed as part of a British Columbia Psychogeriatric Association (BCPGA) sponsored project with funding from the Population Health Fund, Public Health Agency of Canada. BCPGA members provided valuable input into the development. Currently the implementation of the Policy Lens is being evaluated in pilots across Canada. It is intended that the Policy Lens be widely adopted as a best practice in policy and program design.

Workshop Objectives:

- i) To introduce participants to the basic concepts of the PL.
- ii) To share experiences of those applying the PL to critique government policies for unintended negative effects of on seniors' mental health, to plan programs, to raise awareness, and to promote seniors' mental health and wellbeing.
- iii) To seek participants' input on the best way to package and promote the PL for use in clinical practice, health care professional education, program management, policy development and advocacy.

Presenter: Penny MacCourt is a social worker with many years of clinical experience in the field of psychogeriatrics. She is a founding member and past president of BCPGA. She has completed doctoral and post-doctoral training, both focusing on aging, mental health and service delivery. Currently she is coordinating the BCPGA sponsored project: Best Practice in Seniors Mental Health Program and Policy Design.

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Dr. Michael Cooper (M.D., F.R.C.P.C.) is Head of Division of Geriatric Psychiatry, Vancouver Island Health Authority and Clinical Assistant Professor, University of B.C. He helped establish the "Elderly Outreach Program" in the South Okanagan and was the psychiatric consultant for the team until leaving for Victoria. Working with the Medical Arts Health Research Group, he has undertaken clinical research trials on new and exciting treatment options for Alzheimer Disease.

## NEWS FROM THE REGIONS

### Kelowna Hosting Two Conferences in September

Kelowna is the place to be in late September. Not only can you take in some good wine tasting, but you can also attend two conferences for the price of one.

The BC Network for Aging Research (BCNAR) is holding a free forum on Thursday September 27 in collaboration with Interior Health (IH) and the BC Home and Community Care Research Network (HCCRN). "Health, Aging, and Independence" will be a forum to collaboratively discuss and determine research priorities in the interior. This conference will provide health researchers and health care professionals with information on health, aging and independence within BC's Interior region. During a morning panel session, local researchers will share their insight into projects and programs currently underway within the Interior. The afternoon will include facilitated discussion on themes which have emerged during the morning session and other research priorities in the Interior that relate to health, aging, and independence. During this time participants will have the opportunity to work collaboratively within a team to further develop these research priorities. A goal of this workshop is to build interdisciplinary research teams and to facilitate research proposal development. BCNAR has set aside seed funding for these emerging teams to further build on research ideas resulting from this forum. See the BCNAR website for further information: [www.bcnar.ca](http://www.bcnar.ca) or contact Bobbi Symes, Research Network Coordinator, Phone: 778.782.5210, email: [bsymes@sfu.ca](mailto:bsymes@sfu.ca).

The Gerontological Nurses Group of British Columbia (GNGBC) will hold their annual AGM and conference the following day, Friday September 28. "Silent Issues in Gerontology" is the theme of this year's conference. Participants are invited to meet at a wine and cheese gathering on Thursday evening, September 27. The conference will open Friday with Dr. Mary Ann Murphy's keynote address "The Changing Face of Aging." Cost of the conference is \$125 for members, \$185 for nonmembers and \$85 for students. For more information, contact Vanda Urban, President Central Okanagan Gerontological Nurses' Group, phone: 250-764-1177 or email: [vurban@shaw.ca](mailto:vurban@shaw.ca).

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### Supportive Housing for Homeless and Hard-to-House Seniors

Presenter Nancy Gnaedinger (BA, MA) summarized the findings of an in-depth case study she is doing at Fairway Woods, a Cool Aid supportive housing project in Langford, where the tenants are mostly male, aged 55-64 and have a mental illness and/or problems related to addictions and/or various ailments associated with aging (heart, diabetes, arthritis, etc). Outcomes are very positive. Her main message was that housing, first, and suitably designed support, second, are the key to meeting the needs of special populations of seniors with psychiatric, social, and physical diagnoses who do not "fit" in unsupervised seniors' housing or in long-term care facilities.

Con't from p. 8 – Minutes

Mental Health in Cancer Care. One student entered the research committee sponsored student poster contest and received an award. There were no requests for the student travel bursary. The research committee also sponsors a research column in the newsletter and a research session in the conference.

- It was asked if BCPGA had a formal relationship with BCNAR. It was answered that the relationship was currently informal but could be developed further. Dawn Hemingway stated that she will bring it up at her next BCNAR meeting.
- **Motion: to approve the research committee report.** Moved Maia Kennedy/Seconded Nancy Gnaedinger. Carried.

7. Business arising: Review Accomplishments of 2006
  - It was agreed that it was no longer necessary to review the accomplishments of the organization in the last year as this had been covered sufficiently in the various reports.
  - It was suggested and agreed that it was important to maintain a running list of the organization's accomplishments and that it would be desirable to have this list on the BCPGA website.
8. New Business: Goals for 2007
  - Discussion ensued on the 10<sup>th</sup> year anniversary of BCPGA as a good time to reflect on goals and consider the future direction of the organization. Should BCPGA concentrate its efforts on an advocacy role or alternatively a research/education perspective? In the life of the organization, the 10<sup>th</sup> anniversary would be an appropriate time to initiate a dialogue on our broad goals/plans for the next 10 years. The BCPGA membership could be canvassed with an on-line survey or request for input. Along with our regular work, this could be a parallel task for the Board and Association over the next year.
9. Nominations and Elections
  - Dawn Hemingway thanked the individuals who were stepping down from the Board: Bev Wilden, Nancy Gnaedinger, Monica Eisner, and Marg Richards.
  - Dawn Hemingway opened the floor for nominations to the board.
    - Heather Cooke nominated Anthony Kupferschmidt.
    - Penny MacCourt nominated John Gray and Anne Earthy.
    - Dawn Hemingway nominated Sandie Somers.
  - It was agreed that Anthony Kupferschmidt could stand as a student representative to the Board which meant that a vacancy remained.
  - Dawn Hemingway called for further nominations.
    - Louise Holland nominated Lorea Ytterberg.
  - Dawn Hemingway called for nominations three times more. Being that there were no further nominations the following individuals were elected to the board by acclamation: Anne Earthy, John Gray, Anthony Kupferschmidt, Sandie Somers, and Lorea Ytterberg. The following individuals are continuing board members: Dawn Hemingway – President, Maia Kennedy, Louise Holland, Randy Grahn, Penny MacCourt, Heather Cooke.

Meeting adjourned 6:34 pm.

Respectfully submitted, Louise Holland

## Meet the 2007-08 Board



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**Louise Holland: Secretary**

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**Maia Kennedy: Treasurer & Membership**

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**Randy Grahn: Communications  
Chair & Conference 08 Chair**

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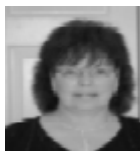
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See [www.bcpqa.bc.ca](http://www.bcpqa.bc.ca) for more information about each of these Board Members.

## Opportunities for Collaboration and Action: Implementing the B.C. Dementia Service Framework

It is with much anticipation that many health providers awaited the release of the B.C. Dementia Service Framework in late spring of 2007. Service frameworks are conceptual working tools that offer *all* partners in the health system – persons with dementia, families, providers, researchers, health and community agencies, health authorities, local government ministries and all other partners – a vision of how they can contribute to improved services and better health outcomes for people living with dementia.

Based upon the elements of B.C.'s Expanded Chronic Care model and arising from the work of ten recent B.C. dementia initiatives, the B.C. Dementia Service Framework offers 130 recommendations, (with over 50 that are deemed a priority) and the identification of seven current gaps in dementia care with supporting recommendations. There is truly something for every person and organization to consider in this comprehensive document.

In this one hour interactive and dynamic session, the presenters briefly covered what the BC Dementia Service Framework is, how it was developed, and who can use this information. The presenters challenged everyone to roll up their sleeves and get to work by learning more about the status quo of current dementia care services. Participants at this session were encouraged to reflect and think “outside the box” as they engaged in small and large discussion groups to brainstorm the opportunities for collaboration and action for moving towards implementation of the B.C. Dementia Service Framework.

Presenters for this session were Elisabeth Antifeau, R.N., MScN, GNC(C) and Mary Catherine Collins, BScN, MScN. As a Registered Nurse for 28 years, Elisabeth has worked with elderly populations in acute care, community, residential, and mental health settings. The delivery of quality dementia care in all health care settings is of keen professional interest. Based in Nelson, she is currently employed as the Clinical Coordinator, Seniors Care for Interior Health. In recent years, Elisabeth has been working collaboratively with a small interdisciplinary team to develop clinical practice recommendations that are evidence-informed, cross-sectoral, interdisciplinary and applicable to the full spectrum of dementia. This body of work was one of the 10 provincial initiatives that contributed to the development of the BC Provincial Dementia Service Framework.

Within her nursing career, Mary Catherine Collins has dedicated 36 years towards the care of the elderly with a holistic focus on both physical and mental health. Her experience with the elderly has been gained within an array of health care settings: acute care, clinical and managerial mental health and addictions, residential care administration, community case management, education. Originally from Ontario, Mary Catherine is now based in Victoria, British Columbia and is currently employed with the Vancouver Island Health Authority (South Island) as the Manager of Older Adult Mental Health and Addiction Services.

## Research News

## Promoting and Supporting Research: The Goal of Research Committee

## Membership News

Dear BCPGA Members:

The Research Committee provides support to two BCPGA nationally funded projects: (1) Best Practices in Seniors Mental Health Program and Policy Design. This project is piloting the implementation of the Seniors Mental Health Policy Lens (SMHPL) across Canada at 15 sites and is refining it for specific sectors based on what we learn, then disseminating the Lens widely. (2) Promoting Seniors Mental Health in Cancer Care. This project's objectives are to: (A) identify mental health needs of older adults with cancer, and barriers to meeting these needs; (B) identify how existing cancer programs/policies support mental health needs of seniors; (C) develop and disseminate Guidelines for supporting seniors with cancer that focuses on system/organization features and psychosocial/environmental factors/interventions; (D) disseminate new knowledge, facilitate knowledge exchange and translation, and to increase awareness about the mental health needs of seniors with cancer.

The BCPGA Membership now stands at 95 members who have paid dues for 2007-08. This includes 70 members who renewed from 2006-07 and 25 new members. Of the new members, 16 joined us at the BCPGA Conference in Victoria. A few of last year's members retired, but we also gained some new student members. We are hoping that the students will bring new energy and ideas to contribute to the BCPGA.

The Research Committee designed a Student Poster Competition and Student Travel Bursary for the 2007 conference to encourage young/new clinicians/researchers to attend the conference.

The breakdown of membership is quite similar to last year's. By profession, the largest group of members is Nurses at 49% (also 49% in 2006-07), followed by Social Workers at 18% and Psychiatrists at 12%. The majority of members work in Community Outreach at 53% (58% in 2006-07) and Long Term Care facilities, at 16%.

The Research Committee has also supported research that is pertinent to the field of seniors' mental health in a number of other ways, as follows:

Vancouver Island continues to have the highest proportion of members at 38% (42% in 2006-07) followed by Interior and Vancouver Coastal, both at 22%. We hope that our membership in the Interior will increase next year with the Conference being held in Cranbrook.

- Sponsored a regular research column for our newsletter.
- Reviewed abstracts related to research for conference.
- Sponsored one session related to research at BCPGA conference.
- Reviewed requests received from other organizations or individuals for letters of support for research applications to granting agencies. On this basis the BCPGA President has written letters of support for 2 studies: *Understanding the Needs of Caregivers of Mentally Ill Older Adults in BC: Hearing Their Voices To Inform Services*, (proposed by our members, Tuokko, Wilden and Miliken) and a national proposal, submitted by Liebing et al., *Identifying Issues, Challenges, and Concerns for Community Frontline Practitioners Working with Older Adults with Severe Mental Illness*. The Tuokko et al proposal has been successfully funded, and as its title implies, will provide information that is highly pertinent to our practice.
- Supported the involvement of BCPGA on Advisory Groups and the like for pertinent funded projects. Linda Myers and Penny MacCourt each have different roles on the nationally funded VON project *Best Practices in Supporting Culturally Appropriate Mental Health Services for Seniors*.

I would like to welcome Barbara Dramer and Heather Cooke to the Membership Committee. I look forward to working with them through the year.

Maia Kennedy  
Membership Chair and Treasurer  
maiaken@hotmail.com

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## Using the Depression Scale in LTC

Judy McMullen, RN, BN, MN, GNC (C), Clinical Nurse Specialist Residential Services Program, Vancouver Island Health Authority, presented this session. The literature, she said, tells us that approximately 15% of institutionalized older persons experience major depression, another 15-20% having depressive symptoms, and depression is highly associated with mortality in residents in long-term care facilities.

The lack of a standardized and consistent process to screen and manage depression was identified as a significant clinical issue. The guidelines presented in this session provide a standardized process to screen, manage and document depression in patients and residents.

The Lodge at Broadmead in Victoria.

Janice Robinson has been working on developing special education and programming for this population and Nancy Gnaedinger has been doing exploratory research on the role of the built environment in end-of-life dementia care at The Lodge.

Members of the Research Committee are Bev Wilden, Holly Tuokko, Dawn Hemingway and Penny MacCourt (Chair).

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## Creating the Best Environments for End-of-Life Dementia Care

Janice Robinson (RN, BScN, MN, GNC(C)) and Nancy Gnaedinger (BA, MA) outlined the End-of-Life dementia care program that is provided at West Coast Lodge, a specialized unit at

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## BC Psychogeriatric Association

### Annual General Meeting

#### Minutes: May 11, 2007

1. Meeting called to order at 5:12 pm. 18 individuals in attendance.
2. **Motion: to approve agenda.** Moved Penny MacCourt/Seconded Heather Cooke. Carried.
3. **Motion: to approve 2007 Annual General Meeting Minutes as amended.** Item 9: The word three was amended to there. Moved Nancy Gnaedinger/Seconded Bev Wilden. Carried.
4. President's Report
  - A written report was presented. Dawn Hemingway verbally reviewed the accomplishments of the organization in the last year which included the continuing work of the seniors mental health policy lens, the receipt of a \$200,000 grant for the promotion of seniors mental health in cancer care, a presentation to the premier's council on aging, submissions to the dementia service framework and the amendments to Bill 32, and a student poster contest.
  - The Committees were commended for their hard work; of particular note was the update website by the communications committee and the membership data base that Maia Kennedy has produced. Dawn was also commended for her hard work on behalf of the organization.
  - **Motion: to accept the President's report.** Moved Nancy Gnaedinger/Seconded Holly Tuokko. Carried.
5. Treasurer's Report
  - Maia Kennedy presented a written report. Balance in the general account is \$21,181.88 which is a positive increase of \$10,414.60 from 2006. The balance in the research account is \$94.50 which does not reflect the recent receipt of the research grant for promoting seniors mental health in cancer care.
  - **Motion: to adopt the Treasurer's report.** Moved Penny MacCourt/Seconded Heather Cooke. Carried.
6. Committee Reports
  - 6.2 Advocacy
    - Bev Wilden submitted the Advocacy Committee report verbally and indicated that a written report to the board would follow.
    - Issues that the Advocacy Committee have worked on in the last year included housing and amendments to the legislation (now Bill 29) before the House. Discussion followed on the conflict of interest difficulties experienced by Committee members employed by Health Authorities in their work on the Advocacy Committee.
    - **Motion: to approve the Advocacy Committee report.** Moved Holly Tuokko/Seconded Maia Kennedy. Carried.
  - 6.3 Conference
    - Penny reported that attendance at this year's conference was 63. It was noted that attendance may be lower than in previous years due to the date of this year's conference falling on Mother's Day weekend and the competition of other conferences being held on this same weekend.
    - Other difficulties in conference planning that were identified in order to assist future planning were: no pharmaceutical sponsorship, no physician on the planning committee, and the brochure not being finalized until March. It was strongly recommended that next year's conference planning have a physician on the planning committee and that the brochure be produced earlier.

It was anticipated that the conference would break even financially and the conference report would follow.

- The contributions of the Center on Aging to this year's conference in terms of student volunteers and the donation of AV equipment were noted and commended. Thank you notes will be sent.
  - The idea of using a credit card system for conference registration was proposed. Penny MacCourt offered to provide BCPGA access to a credit card payment system.
  - Randy Grahn shared his thoughts on conference planning for 2008. Locations in Cranbrook or Kimberly are being considered. The first week of May is being considered for a date. Location and date will depend on hotel availability. Randy is proposing that the conference organization consider some new ideas such as a clinical consultation panel and a behavioural management workshop on the Thursday. It was also suggested that BC Network for Aging Research and/or the Home and Community Care Research Network may be interested in co-sponsoring an additional day.
- 6.1 Membership Committee
    - Maia Kennedy presented the Membership Committee report. 30 – 40% of members have yet to renew. Accomplishments of this Committee this year were updating the membership application and renewal forms, developing a data base that provides improved information about the membership, and increasing email communication with the members. Maia noted that the data base can easily identify members who have indicated a willingness to volunteer for the association.
    - **Motion: to approve the membership committee report.** Moved Penny MacCourt/Seconded Heather Cooke. Carried.
  - 6.4 Communications Committee
    - Randy Grahn presented the Communications Committee report. He reviewed the activities of the Committee in the last year. The website has been updated; the newsletter is published 3/times year and surface-mailed to members. Betsy Lockhart is paid an honorarium of \$200 for each issue.
    - It was asked whether the newsletter could be emailed to members alternatively. Opinions were expressed in favour of offering the members a choice of receiving the newsletter by email.
    - **Motion: to approve the communications committee report.** Moved Holly Tuokko/Seconded Sandie Somers. Carried.
  - 6.5 Research Committee report
    - Penny MacCourt presented the Research Committee report. She reviewed the two major current national research projects that BCPGA is supporting: Best Practices in Seniors Mental Health Program and Policy design and Promoting Seniors

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