



BC Pages

Newsletter of the B.C. Psychogeriatric Association



President's Report

I hope everyone has enjoyed the summer!
I always think of Fall as a time of beginnings and the BCPGA Board held a face-face meeting in Vancouver on September 5th and 6th to plan the coming year—hence this late newsletter. We wanted to report back to members on some of the issues that we discussed.

The goal of BCPGA is **to enhance interdisciplinary services, education and research in support of the mental health needs of the elderly**. We have decided to work towards promoting and supporting the mental health of older adults, of caregivers and of service providers. We have chosen this focus on the basis of several assumptions. First, we recognize that mental health, while an individual resource/issue, is positively or negatively impacted by relationships, resources and the environment (physical, policy, economic, social). Second, we recognize that mental health is more than the absence of mental illness and that people both with and without a mental illness or addiction can have better or worse mental health. This means that anything we do to promote and support the mental health of all older adults will also support those with a mental illness or addiction and will prevent some mental illnesses from occurring or worsening. Third, older adults, their caregivers and service providers affect each other's mental health within the context of care/care environment. For example, the responsive behaviours (e.g., hitting, spitting) of a person with a dementia may have a significant impact on the mental health of her/his caregiver and direct care service providers. At the same time, the care environment (e.g., noise, how care is provided) may have a significant impact on the mental health of the person with dementia.

As you are no doubt aware, there is a very high prevalence of depression amongst older adults (with or without dementia), caregivers and service providers. For this reason we will focus our activities on depression. By promoting and supporting mental health, for example, through, advocating for changes in how care is delivered in facilities, depression may be prevented (or where it exists, ameliorated) for clients, caregivers and service providers. In addition, supporting the implementation of the Dementia Service Framework may facilitate appropriate support for caregivers, reducing their risk of becoming depressed. By providing education to manage challenging behaviours and self-care strategies service providers can use themselves, their likelihood of becoming depressed may be reduced.

One way we will implement BCPGA's goal is by encouraging and supporting all BCPGA members to assume leadership roles with respect to promoting our goal. We intend to review resources and to provide a clearinghouse through our newsletter and website for pertinent materials that can be used by the membership. For example, are you aware of the Canadian Coalition for Seniors Mental Health 4 national guidelines on delirium, on depression, on suicide prevention and on long term care facilities (with a focus on depression and behaviours)? These guidelines draw on literature and clinical expertise and provide the best and most promising practices to guide our work. They are

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available at www.ccsmh.ca. Our hope is that in making this sort of information easily available and accessible you will then be able to spread it wherever you are positioned in the care system – which will contribute to mental health promotion and support.

Another way we will implement the BCPGA goal is through collaboration and advocacy. There is great strength in our numbers and our unique composition of clinicians, educators, researchers and others from many disciplines and who work in diverse settings (community, facility, acute care, universities and health regions). We would like to link BCPGA's goals/activities strategically to other current initiatives that are compatible with our goal (the Dementia Service Framework, the Mental Health Commission of Canada, Healthy Aging, Social Inclusion), thus strengthening all our efforts. It is also our intention to influence decision makers. For example, in the coming year we will be compiling information about the impact of caring on the mental health of caregivers and on service providers, and then presenting the information and making recommendations to decision makers. The provincial election may provide us with more opportunity to meet with and influence the political agenda.

Finally, our 2009 conference taking place in Richmond April 30-May 2 will reflect our goals. Titled **The Heart of Psychogeriatric Care**, it will allow us to explore together ways of supporting the mental health of older adults, caregivers and service providers. In relation to research we will bring forward **the Seniors Mental Health Psychosocial Research Agenda for Canada** (created through our Health Canada funded research) to the attention of the Canadian Institutes of Health Research (CIHR) and other funders. You can see this agenda at <http://www.seniorsmentalhealth.ca/projects.htm>

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

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It is going to be a busy year ahead, but the Board believes that if the whole membership works together we will have a positive impact on the care environment to the benefit of older adults, caregivers and service providers! If you want to move things forward now, you can recruit new members (see www.bcpga.bc.ca for membership forms) or volunteer to work on one of our committees!

Penny MacCourt
President

**Mark Your Calendars for the 2009
Conference!**

The Heart of Psychogeriatric Care

It's official – the 2009 BCPGA conference will be held in Richmond at the Best Western Richmond Hotel & Conference Centre. The Conference Committee, with Anita Wahl as Chair, is busy planning details. There will be pre-conference workshops on April 30, 2009 with conference registration and banquet that evening. May 1 all day and the morning of May 2 will be filled with interesting presentations and workshops, and the Annual General Meeting is planned to take place at the close of the conference Saturday May 2. More details will be forthcoming in the next issue of BC Pages and will also be posted on the website.

Call for Abstracts

Share your expertise on Geriatric Care!

The 2009 Conference Committee invites the submission of abstracts for sessions and presentations at the Annual BCPGA Conference April 30 – May 2, 2009. See the BCPGA website (www.bcpga.bc.ca) for an abstract submission form or use a separate sheet of paper to provide the following information by **December 29, 2008**:

- Presentation title
- Presenter(s): name, position, address, phone, fax & email for each presenter
- Primary contact person: indicate by underlining the person's name above
- Poster presentation OR
- Session: amount of time requested
- Audio/visual requirements: Laptop & projector; TV/VCR/DVD; Other

The body of the Abstract should be no more than 200 words. Abstract must be suitable for reproduction in the Program. Please do **NOT** use font smaller than 10 point.

Email to: awahl6@shaw.ca OR **Fax to ATTENTION:** Anita Wahl (604) 575-6710



New Board Meets for the First Time

As soon as the 2008 conference ended, the BCPGA Board of Directors met to plan the agenda for the 2008-09 year and to establish future meeting dates. Retiring President Dawn Hemingway will stay ex officio on the Board while Penny MacCourt takes over the duties of President. With Louise Holland's retirement from the Board, John Gray will be Secretary for the coming year and Co-Chair the Advocacy Committee with Elisabeth Antifeau. Retiring Membership Chair and Treasurer Maia Kennedy will assist Student Representative Anthony Kuperferschmidt as he takes over as Membership Chair and Treasurer. Anita Wahl will Chair the 2009 Conference Committee to plan for a Fraser Valley venue next May. Sandie Somers and Randy Grahn continue as Chairs of the Research and Communications Committees respectively.

Pictured above left front to back are Maia Kennedy, Elaine Unsworth, Anne Earthy, Lorea Ytterberg, Dawn Hemingway and Elisabeth Antifeau. On the right front to back are Randy Grahn, John Gray, Penny MacCourt, Anita Wahl, Heather Cooke and Anthony Kupferschmidt. Also on the Board but not in the picture are Sandi Somers and Holly Tuokko.

New Provincial Seniors' Initiative Announced

Seniors in BC: A Healthy Living Framework is the provincial government's response to the *Report of the Premier's Council on Aging and Seniors' Issues* chaired by Dr. Patricia Baird. The September 12/08 press release says the framework "will build on existing supports, and provide a future that ensures British Columbians can continue to enjoy independent, active, and secure older years. Dedicated funding over the coming three years will bolster resources and programs for seniors, in priority areas identified in the action plan. The plan also announces a Seniors' Healthy Living Secretariat, which...will be responsible for developing information resources for seniors and engaging stakeholders, as well as monitoring and reporting on progress." For more information, see: http://www2.news.gov.bc.ca/news_releases_2005-2009/2008HLS0009-001379.htm

2008 Conference in Cranbrook: What You May Have Missed!

This year our conference had a few different twists. In addition to the usual format, on Thursday there were two all-day pre-conference talks. The Kootenays have never had a full day of Geriatric Psych education for docs, and front line staff have very little continuing education. The success of these programs was due to a lot of hard work by Anne Earthy and Elisabeth Antifeau who cannot be thanked enough for the time they put into the preparation and presentations. Partnering with UBC for the docs' talks was key in keeping the workload manageable as UBC did all the poster-building, arranged CME credits and covered honorariums for presentations and travel costs. The day ended with a no-host greeting, dinner and opening keynote by Barbara Lindsay, Alzheimer Society of BC -- "Your Influence Counts."

After registration and continental breakfast, Friday was a very full day. Dr. Kiran Rabheru, a geriatric psychiatrist at VGH, UBC and Riverview, spoke on "Depression in Late life, Relationship to Dementia" with complex cases studies to illustrate the issues. Following break-out sessions and lunch, Dr. Kimberly Azyan from the Office of the Public Guardian and Trustee spoke in the afternoon: "Yesterday, Today, Tomorrow – Adult Guardianship Laws in BC."

After the day's work was over, 40 people boarded a bus that transported them to the St Eugene Golf Resort and Casino for an optional dinner and chance to try their luck at the slot machines and gaming tables. Following dinner, a special feature of the evening was a dramatic presentation "The Beekeeper" put on by Vancouver actress Pamela Finlayson. This one-woman show portrayed the funny-sad experience of "a daughter forced to confront the bees" when she discovers that her father, a beekeeper in Saskatchewan, has dementia.

Penny Lane, keynote speaker Saturday morning, gave a comprehensive picture of the "BC Dementia Service Framework." During the break following her presentation, silent auction winners were announced and the draw for a gorgeous quilt donated by the Cranbrook Quilters Group was made – Dr. Allan Gow the lucky winner.



Elisabeth Antifeau and Randy Grahn show the quilt

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**East Kootenay Senior Caregivers Network
By: Louise Stropky**

It has been 20 years since a Caregiver Support Group for Senior's was established in Cranbrook by Mental Health, Continuing Care and Home Support Services. In 2003, thanks to the foresight of Interior Health, we were given a grant to set up an East Kootenay wide network with support groups in the 6 largest communities and a toll free number for telephone support and information for the whole area. A program manager oversees and mentors the community facilitators.

Our mandate is to provide support for caregivers of seniors who are at home or in facilities. How do we do this?

Community Support groups:

- validate feelings of anger, frustration, guilt, isolation, helplessness, and hopelessness
- discuss and problem solve role changes and the impact on the entire family
- receive information on how to access resources in the health care system and the community
- explore the need for self care and respite; exchange practical ideas and coping strategies
- learn access to literature, information and education

Facilitators:

- provide follow-up for caregivers who attend the group, but need extra support – and as you can imagine almost everyone needs this at first or at times of crisis.

The Regional Toll Free Telephone System:

- provides support to caregivers who are unable or unwilling to attend group meetings
- allows privacy for those who wish it, and
- provides information to caregivers at a distance about resources in the region, if they have a relative living here that needs help.

AND MOST IMPORTANTLY: How do we find caregivers? We need referrals from Doctors, Case Managers, Home Care Nursing, Mental Health Workers, family, other agencies and the community at large. Early referrals are more effective than referrals made at a time of crisis, as caregivers learn WHERE to go for help, what to expect and how to cope. This more often than not prevents the caregivers' health from deteriorating to the point of having two patients. As the saying goes – "we often watch the wrong person." Caregivers who attend support groups soon learn they are not "the only ones in this predicament."

So we ask you and all health professionals with senior patients suffering from a dementia or other physical or mental illnesses to consider the role of the caregiver and make referral to the Support Network. Statistics show support groups help reduce the cost of health care, reduce doctor visits and postpone hospitalization.

Caregivers can't use "airmiles" on their journey with their loved one – but they have lots of taxing situations. We can help them.

**Summary of BCPGA Pre-conference Workshop:
Recognition and Response to Agitation and
Excessive Behaviour
By: Anne Earthy**

It was a sunny day in Cranbrook yet approximately 80 health care team members chose to attend an interactive session to gain a better understanding of factors contributing to agitation and excessive behaviours. The session began with a review of the phases of escalating behaviour; a trigger, agitation, verbal response and if behaviour is still not recognized with a response, the potential to escalate to a physical action. Thus, the emphasis was on getting to know the resident to identify and prevent the triggers to behaviour and hopefully to reduce and prevent further episodes and promote contentment within the person.

Agitation is defined as: "A feeling of inner tension characterized by a cluster of related symptoms including anxiety and irritability, motor restlessness and abnormal vocalization. These symptoms are often associated with behaviours such as pacing, wandering, shouting and night-time disturbance." It is recognized that we all get agitated from time to time but within socially acceptable boundaries. When the behaviour becomes repetitive or inappropriate for the social setting then it is referred to as *Excessive Behaviour* – "Behaviours ..causing irritation or harm to others including other residents, visitors or interdisciplinary team members. Behaviour may be inappropriate due to intensity, frequency, or the context in which it is exhibited."

Other concepts discussed were the underlying principles of care that all behaviour has meaning and is a form of communication. Further, we are persons with patterns; therefore as a team we need to document where, when and what potential triggers may have contributed to excessive behaviour so that we can analyse the facts and recognize the resident's pattern. This activity assists in developing an individualized care plan that should be followed consistently by all members of the team.

A tool based on Cohen – Mansfield's work was introduced. *The Identification of Behaviours Guideline* assists team members to use consistent terminology to describe observed behaviours. Based on many years of research this tool provides examples of common behaviours observed in LTC residents and clumps them into verbal and physical behaviours with suggested interventions for each category. A discussion occurred around recognizing the verbal excesses – staff often do not identify repeated calling out, moaning or consistent complaining as a form of verbal excessive behaviour. Once recognized, then an assessment of contributing factors, documenting the pattern of behaviour and initiating appropriate interventions should be implemented. Further, excessive verbal behaviours are known to contribute to staff fatigue and burnout.

During this afternoon session there was a review of the 3D's with an emphasis on recognizing any change of behaviour in the person. Delirium is a medical emergency and is first noted by frontline staff recognizing slight changes in the person's responses, reporting them and initiating an assessment.

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Published by the Canadian Coalition for Seniors' Mental Health with funding provided by Public Health Agency of Canada, Population Health Fund, the aim of these guidelines is to improve the assessment, treatment, management and prevention of key mental health issues for seniors, through the provision of evidence-based recommendations.

With an overall project goal of developing evidence-based recommendations, best practice guidelines focused on four key areas of seniors' mental health:

1. To identify existing best-practice guidelines in the area of seniors' mental health both within Canada and internationally.
2. To facilitate the collaboration of key health care leaders within the realm of seniors' mental health in order to review existing guidelines and the literature relevant to seniors' mental health.
3. To disseminate the draft recommendations and/or guidelines to stakeholders in order to create an opportunity for review and analysis before moving forward with the final recommendations and/or guidelines.
4. To disseminate completed guidelines to health care professionals and stakeholders across the country.

The recommendations are formulated in these categories:

- Screening and assessment
- Treatment options for type and severity of depression
- Referrals for psychiatric care at time of diagnosis
- Psychotherapies and psychosocial interventions
- Pharmacological treatment
- Monitoring and long term treatment
- Education and prevention
- Special populations
- Models of care

This 66-page document is available in its entirety on the CCSMH website <http://www.ccsmh.ca/en/default.cfm> in both English and French.

Other publications available through the CCSMH website that clinicians might find useful are a pocket brochure on *Suicide: Assessment and Prevention for older Adults* and *Promoting Seniors' Mental Health in Cancer Care: A Guide for Front-line Providers*.

Other CCSMH projects currently underway (see their website for details) are:

- Adapting the CCSMH National Guidelines on Delirium to Palliative Care Settings
- Tele-education Session on Delirium in the Elderly, and
- Face-to-face knowledge transfer sessions on the Delirium in the Elderly – CCSMH National Guidelines-Informed Interactive, Case-based Tutorial

We are pleased to introduce you to BCPGA member Marcia Carr, Clinical Nurse Specialist in Geropsychiatry and Coordinator of Acute Geriatric Care at Burnaby General Hospital in the Fraser Health Region. Marcia has recently received a nursing "Award of Distinction" from the College of Registered Nurses of BC (CRNBC); this is a significant and well-deserved honour. Congratulations, Marcia!

The "Nursing BC" magazine (June 2008) featured the following description about Marcia's work and contributions to seniors' health. (Reprinted with permission)

"Marcia has always taken an interest in older adults in acute care. In her role as Clinical Nurse Specialist at Burnaby Hospital, she educates frontline staff on the challenges facing older adults. She has been extremely effective in case-managing some of their most complex elderly patients, many of whom have multiple co-morbidities and live below the poverty line.

Throughout her career, Marcia has been involved in a myriad of activities that include advanced practice clinical consultations in geriatric medical, psychiatric and continence care issues. Thanks to Marcia, the Acute Care Geriatric Nurse Network was developed. This program provides education on the care of older adults to frontline nurses and allied staff.

Marcia was also instrumental in creating the Geriatric Emergency Nurse Initiative, a program that merges emergency nursing care with assessment of older adults. She is a founding member of the B.C. and Canadian Nurse Continence Advisor Association."

In addition to her clinical work, Marcia is also an Adjunct Professor at SFU Gerontology Research Centre and UVIC School of Nursing and is Past President of the BC Clinical Nurse Specialist Interest Group. She is a member of numerous educational and advisory groups promoting seniors' health, and serves on the boards of the Nikkei Health Care and Housing Society and the Burnaby Fall Prevention Society.

Marcia joined the BCPGA "because I believe this organization is the medium through which mental health issues for older adults has its own forum for discussion, research, advocacy and sharing of best practice.... it is my opinion that this collective can truly influence practice and policy. BCPGA provides a network through which other networks can connect in order to transfer knowledge to front-line care."

You can find out more about Marcia at: www.sfu.ca/livinglab/marcia.htm and www.crnbc.ca/aboutus/awards/recognition/carr or email: marcia.carr@fraserhealth.ca

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The silent auction proceeds of \$1,336 were donated to various local Kootenay seniors' programs and groups.

Winner of the student poster competition was Janet Stepaniuk from the University of Victoria with her poster on alternative transportation.



See more photos from the 2008 Conference on the conference page of the BCPGA website.

The Saturday morning "Bringing It Together" interactive world café session brought audience and a panel together to share expertise on how and what services we should deliver, what works, where the gaps lie and ways to address the needs. Penny Lane moderated the panel which included Martha Donnelly providing a geriatric psychiatry education perspective, Daryl Oakley and Louise Stropky representing caregivers, Val Waymark from Home and Community Care and Dr. C. Graham, a geriatric psychiatrist from Great Britain who provided some international comparisons.

Approximately 70 people attended the 2008 conference.

elected to the Board by acclamation: Elisabeth Antifeau, Holly Tuokko, Elaine Unsworth, Anita Wahl. The following individuals are continuing Board members: Penny MacCourt – President, Anne Earchy, John Gray, Randy Grahn, Dawn Hemingway (Past President), Anthony Kupferschmidt, Sandi Somers, and Lorea Ytterberg.

9. Other Business

- Martha Donnelly asked members present to complete a questionnaire from a coalition on mental health services for the elderly.

Meeting adjourned at 8.51 am.

Respectfully submitted:
John Gray

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- **Motion: to accept the conference report.** Moved Betsy Lockhart/Seconded Lorea Ytterberg. Carried.

7.4 Communications

- Anthony Kupferschmidt presented the report. There were 8000 hits on the website over the past 12 months, which seems to indicate success. The website is low cost.
- The Board has authorized the development of a new logo, brochures and a display; quotes are being assessed.
- The newsletter (BC Pages) was produced 3 times in the year with Betsy Lockhart as editor.
- **Motion: to accept the communications report.** Moved Janet Stepaniuk/Seconded Holly Tuokko. Carried.

7.5 Research

- Penny MacCourt presented the research report. There had been a focus on getting students involved in the Association and in research by the provision of travel grants and a poster competition.
- The Seniors' Mental Health Policy Lens, which BCPGA has been leading, is being further developed at an upcoming meeting in Toronto and should be useful to the Canadian Mental Health Commission.
- A one-year project on promoting seniors' mental health in cancer care with clinicians is now completed. Interviews on-line with seniors whose experiences may help others have been held. The Research Committee and Dawn have been helpful in these projects.
- Relations with BC Network on Age Research are important; they provided \$1000 towards this conference.
- **Motion: to accept the research report.** Moved Randy Grahn/Seconded Kimberley Azyan. Carried.

8. Nominations and Elections

- With Dawn Hemingway's term completed, Board member Penny MacCourt had agreed to become the President. She thanked Dawn Hemingway for her excellent leadership of BCPGA. In particular Penny highlighted the contribution Dawn made by strengthening BCPGA with other organizations through her numerous contacts. For example, BCNAR and rural and remote health groups but many others. Although Dawn's term as President has concluded she is staying on the Board as Past President and her expertise will be very valuable.
- Board members stepping down include: Maia Kennedy, Louise Holland, Heather Cooke. There are at least 4 vacancies for Board positions.
- Nominations from the floor to the Board:
 - Maia Kennedy nominated Anita Wahl and Elaine Unsworth
 - Penny MacCourt nominated Elisabeth Antifeau and Holly Tuokko
- Being no further nominations the following were



Research News

Alzheimer Society of BC Funding For 3 Projects

Of 7 grants to improve dementia care, BCPGA members Sandie Somers, Penny MacCourt and Elisabeth Antifeau will be involved in 3 of the research projects.

Project 1 (\$97,000) - Expanding the Dementia Journey website province wide: presently located at <http://www.vch.ca/dementia>, this website features the personal stories of people impacted by dementia. The development of a province-wide website will avoid duplication of information while making it easier to learn about local programs and services. Lead agency: Vancouver Coastal Health Authority; Partners: Interior Health, Fraser Health, Northern Health, Vancouver Island Health Authority and Alzheimer Society BC.

Project 2 (\$134,000) – Supporting patients & their families in the evidence-based management of dementia: A multi-cultural & multi-media approach: This project will provide dementia clients and their caregivers with the most up-to-date medical information written in simple terms in English, Cantonese, Mandarin and Punjabi. Lead agency: UBC; partners: ADTI research study, ADTI education working group, Vancouver Coastal Health, Alzheimer Society of BC, University of Victoria.

Project 3 (\$150,000) – BC Dementia Education Framework: a plan for collaborative action: The goal of this project is to develop and implement a Provincial Dementia Education Framework to improve and standardize dementia education across the Province. This will provide a foundation to address the educational needs of individuals with dementia, their caregivers and family, support systems, the public and health care professionals. Lead agency: Fraser Health; Partners: Interior Health, Northern Health, Vancouver Coastal Health, Vancouver Island Health, Alzheimer Society of BC, UBC.

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The afternoon ended by showing some video clips. Participants were asked to identify the behaviour using the tools, to discuss contributing factors and potential team interventions. Again, emphasis was on the team acting as one so that the resident received consistent responses, had a consistent daily schedule and felt comfortable and content.

The session was well received with many positive comments on the evaluation. There were requests for similar sessions, so this information will be taken to next year's conference planning team. Thank you to all for your support and participation.

Reference for Identification of Behaviour Guideline:
Cohen-Mansfield, J. & Libin, A. (2004). Assessment of agitation in elderly patients with dementia: correlations between informant rating and direct observation. *International Journal of Geriatric Psychiatry*, 19:881-891.

Membership News

Dear BCPGA Members:

As this is my first report as Chair of the BCPGA Membership Committee, I would like to thank Maia Kennedy for her exceptional efforts as Membership Chair and Treasurer over the past three years. Among her many accomplishments as Membership Chair, Maia worked diligently with the BCPGA Board of Directors to institute a new membership database and application form. As a result, she has enabled the Association to better understand the membership and has thereby made my job that much easier!

To begin, welcome to all new BCPGA members! The membership presently stands at 110 individuals who have paid dues for 2008-2009. As expected, this year's BCPGA conference in Cranbrook brought us a number of new members from the surrounding area. As a result, the highest proportion of BCPGA members are now based in the Interior (35%), followed by Vancouver Island (32%) and Vancouver Coastal (22%).

The breakdown of BCPGA membership by profession is comparable to that of last year. Nurses now comprise more than half of the membership (51%), followed by Social Workers (18%). Again this year, the majority of BCPGA members work in Community Outreach (48%) and Long Term Care facilities (19%).

Corresponding with the transition of Membership duties from Maia to myself, the BCPGA has established a new mailing address and email address. Please feel free to contact me at this address if you have any questions related to your BCPGA membership.

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To maintain the tradition begun last year to celebrate the BCPGA's 10th anniversary, we will continue to recognize the achievements and contributions of our membership by featuring individual members in the BC Pages newsletter, on our website (www.bcpga.bc.ca), and via email. For example, see the piece on Marcia Carr in this edition of BC Pages. Please email me if you would like to share information on your accomplishments and efforts with the membership.

In addition to my new role as Treasurer and Membership Chair, I have also served as the Student Representative on the BCPGA Board of Directors for the last year. If you are a student member of BCPGA, I would encourage you to promote the Association to your classmates and to contact me anytime. What can the BCPGA do for you as a student? The Board wants to hear from you in order to enhance your experience with BCPGA.

Anthony Kupferschmidt
Membership Chair & Treasurer

Minutes:
BC Psychogeriatric Association
Annual General Meeting
May 3, 2008
Cranbrook, BC

1. Meeting called to order by President Dawn Hemingway at 8.05 am. Forty seven members were in attendance.
2. **Motion: to approve agenda.** Moved Maia Kennedy/Seconded Lorea Ytterberg. Carried.
3. **Motion: to approve 2007 Annual General Meeting Minutes as amended.**

(Item 3 amended: the date was change to 2006.) Moved Lorea Ytterberg/Seconded Maia Kennedy. Carried.

4. Business Arising: Nil
5. President's Report

- Dawn Hemingway reported that she had provided a written report of the accomplishments of BCPGA in the recent Newsletter "BC Pages" (see the Website). She had also highlighted important activities of the organization in her welcoming remarks at this conference. She stated that we were on the cusp of further important developments.
- Dawn thanked members of the Association and Board for their important contributions to the development of BCPGA. In particular, she thanked Randy Grahn and the conference team who put on such an excellent Annual Conference in Cranbrook. Dawn also thanked each individual on the Board, by name, for their important work during the time she was President. She recognized the dedicated and tireless work of members leaving the board including Maia Kennedy (Treasurer and Membership), Louise Holland (Secretary) and Heather Cooke. In addition Dawn mentioned the important work of Betsy Lockhart as editor of BC Pages and coordinator of website material.
- **Motion: to accept the President's Report.** Moved Martha Donnelly/Seconded Maia Kennedy. Carried

6. Treasurer's Report

- Maia Kennedy presented a detailed written report. As of March 31, 2008 the general account had a balance of \$18,667.18 and the Research Account had a balance of \$146.18. In the General Account, financial activity over the 11-month period resulted in a decrease of \$2,699.98 in Member's Equity, largely attributable to a reduction in net income from the 2007 conference. Conference income varies considerably. Maia stressed the importance of membership fees in revenue generation.
- **Movion: to adopt the Treasurer's Report.** Moved Holly Tuokko/Seconded Lorea Ytterberg. Carried.

7. Committee Reports

7.1 Membership

- Maia Kennedy presented a written report. At March 31, 2008 membership had increased from last year: from 108 reported at the 2007 AGM to 111 today. Of these, 54 are in good standing (have paid their dues). Maia reported verbally that there were 13 new members at the Cranbrook conference and 4 renewals.
- The database is very useful but relies on members supplying the membership form. The database, for example, shows that the majority of members are nurses, clinically employed although there are a variety of employers.

- Efforts had been made to increase membership including an advertisement in the gerontological nurses journal. Efforts to increase student membership had also been made.
- A special thank you was provided to Maia from President Dawn Hemingway for her excellent work on the data base and her work as chair of the membership committee and for the report.
- **Motion: to approve the membership committee report.** Moved Anne Earthy/Seconded Penny McCourt. Carried.

7.2 Advocacy

- Penny McCourt) provided the verbal report. A written report had been prepared and is available. The main focus of activities this year has been the promotion of the Seniors' Mental Health Policy Lens. The President has requested a meeting with the Minister of Health to discuss the implications of using the Policy Lens not only in the Ministry of Health but in all Ministries that have programs that affect older people. That meeting has not been scheduled yet. The President and Penny will be going to Toronto to a meeting on the further development of the Seniors' Mental Health Policy Lens.
- Another BCPGA project that will be useful for advocacy is the collection of stories from members and others about aspects of the system that have not worked according to expectation. These personal stories about "pinch points" can be very effective in advocacy. John Gray (Co-chair) emphasized the importance of all BCPGA members acting as advocates for improved services for seniors with mental health problems.
- **Motion: to approve the advocacy committee report.** Moved Maia Kennedy/Seconded Heather Cooke. Carried.

7.3 Conference

- Dawn Hemingway thanked and praised Randy Grahn and the 2008 Conference Committee for an excellent annual conference held in Cranbrook.
- Dawn announced that the 2009 Annual Conference will be held in the Fraser Health Region at a time and place to be announced.
- Randy Grahn then presented the report on the 2008 Annual Conference. Randy thanked the members of the Committee and the Board for the tremendous support and hard work in bringing about a successful conference.
- This year saw an innovation with two pre-conference educational sessions. The Dementia Update which attracted a number of physicians had a total of 63 attendees. A different session for frontline care staff attracted 84 people; the Interior Health Region had been helpful financially. Both sessions received very positive comments from the people who attended.
- For the conference itself there were 73 people in attendance and a well received program. The financial information about the conference will take a short while to assemble. *Cont'd p. 6*