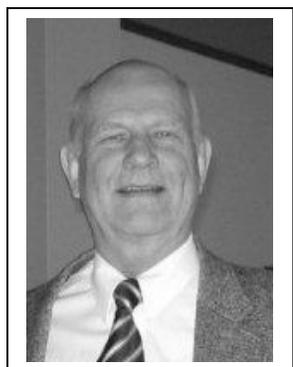




BC Pages

Newsletter of the B.C. Psychogeriatric Association

President's Report



Conference 2012 Penticton: The BCPGA Annual Conference in Penticton, April 26-28, 2012 was first rate. Congratulations and thanks to Board member Jane Tench and her organizing team! The program featured the BC Ombudsperson, Kim Carter, discussing her extensive report on seniors and Assistant Deputy Minister of Health, Heather Davidson, addressing the government's plans for improving services for older adults.

Dr. Marie-France Tourigny-Rivard from Ottawa who is Chair, Seniors Advisory Committee, Mental Health Commission of Canada, presented the *Guidelines for Comprehensive Mental Health Services for Older Adults in Canada* as it related to the theme of the Conference "Sign Posts to New Directions: Behavioural Management" (see p. 6, "A New Silver Bullet"). The new BC guidelines *Meeting Seniors' Mental Health Care Needs in BC* were introduced by Penny McCourt and John Gray.

There were many engaging clinical presentations including Behavior Management and Care Planning in the Nursing Home, Sandra Psiurski; Caregivers Policy Lens and Resource Kit: Behaviours in the Home, Marian Krawczyk, Elisabeth Antifeau, Penny MacCourt; Behaviour Mapping: Safer Care for Older Persons (in Residential) Environments, Cindy Regier; Psychotropic Medication and the Elderly, Dr Carol Ward; Delirium, Mary Kjørven; Disenfranchised Grief (Caregivers of Persons with Dementia) Penny McCourt and Sandie Somers.

I have provided this level of detail so if members want to contact any of the presenters, I am sure they would be pleased to provide information on their topics.

The extensive networking traditional at BCPGA conferences was aided and abetted by a wonderful evening at the Bonita Winery restaurant! The whole Conference contributed to achieving the mission of the BCPGA.

Conference 2013 Victoria: April 25-27, 2013 will see the next BCPGA Conference in Victoria. The planning

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Pres Report cont'd from p. 1

for that Conference is described in this edition by Chair Bonnie Tateham (p.3). I am pleased to serve on her excellent committee.

Projects: The BCPGA has now developed a good reputation with government agencies for producing products in our field. For example, in the last issue of BC Pages Penny MacCourt and Marian Krawczyk provided a description of their project with federal funding "Supporting Caregivers of Older Adults: Tools for Service Providers, Program Planners, Educators and Policy Makers." Penny is the lead on another project funded by the Public Health Agency of Canada on Cancer Screening with Older Adults.

The BC Ministry of Health contracted with BCPGA to collect, evaluate and prepare material currently used in BC for education about dementia. The BCPGA's Executive Director Anthony Kupferschmidt was project manager and worked with contractor Hamish Khamisa and Associates to bring this project to a successful conclusion in a very short period of time. Using a contractor like this allowed the BCPGA to make gains which would not have been possible with our own volunteer resources.

BCPGA continues to seek ways to further spread the word about the new BC guidelines "Meeting Seniors' Mental Health Care Needs in BC." Any thoughts on this from members are welcome.

BC is fortunate this year in hosting the Canadian Association of Gerontology conference in Vancouver October 18-20. We hope to have a presence there with members and an exhibit. The following day the Board will have its one face-to-face planning meeting.

Best wishes,
John Gray PhD
President.

The British Columbia Psychogeriatric Association (BCPGA)
is a professional, multi-disciplinary,
not-for-profit organization.

BCPGA
P.O. Box 47028
1030 Denman Street
Vancouver, BC V6G 3E1
www.bcpga.bc.ca bcpga@yahoo.ca

Board Members for 2012-13

President: John Gray
Vice-President: Jane Tench
Secretary: Anne Earthy
Treasurer: Bonnie Tateham
Elisabeth Antifeau
Laura Booi
Candida Graham
Nancy Jokinen
Penny MacCourt
Carol Mooring
Nancy Wellwood

Executive Director: Anthony Kupferschmidt

**BCPGA Conference 2013:
Comfort Hotel & Conference Centre,
Victoria - April 25-27, 2013**

Call for Abstracts & Posters

Improving Person-Centred Practice in Mental Health and Addictions Services for Older Adults

will be the theme for the annual BCPGA conference to be held April 25 – 27 in Victoria at the Hotel Grand Pacific. The theme is deliberately broad to encourage a full range of experience and knowledge exchanges between practitioners, researchers and students.

The 2013 Conference Planning Committee, chaired by Bonnie Tateham, is inviting submissions of abstracts for presentations on a program, procedure, research project or other activity related to issues of mental health and/or addictions experienced by older adults. The Committee also encourages the submission of posters about programs and practices and will accept both a poster and a presentation on the same program/practice. The Committee and the attendees at Conference 2013 will particularly welcome interesting programs developed or used by a team that are probably not well known but would be relevant to service improvement anywhere in BC

Abstracts should be 300 words or less and should include the following:

- Name(s) and professional affiliation(s) of presenter(s): e.g., Jane Doe, RN, Seniors' Mental Health Team, Spitbasket, BC
- E-mail for contact person if more than one presenter
- Type of presentation: e.g., panel discussion, workshop, standard oral presentation, round-table, poster, etc.
- Length of time needed from ½ hour to 1 ½ hours
- Summary of content of presentation

Please send abstracts or any questions you have about a presentation to Bonnie Tateham (250-382-9478) bonnietateham@shaw.ca by **November 30, 2012**. The acceptance of your abstract will be communicated by December 15, 2012.

Cognitive psychologist Dr. Claudia Jacova is one of three clinical researchers whose work at UBC is funded by the \$1.8 million Ralph Fisher and Alzheimer Society of B.C. Professorship. Working at the UBC Hospital Clinic for Alzheimer's Disease and Related Disorders, Dr. Jacova is researching instrument development and Magnetic Resonance Imaging (MRI) for early diagnosis.

New scale helps measure quality of life: One initiative Dr. Jacova has developed is the Clinical Meaningfulness in Alzheimer Disease Treatment (CLIMAT) scale. Through clinical interviews with people with dementia and their caregivers, the CLIMAT assesses cognition, functioning, severity of symptoms, and the social impact of these symptoms.

“Assessing the social impact is a new, subjective approach to treatment that tells us how individuals experience the disease,” said Dr. Jacova. The interview gives people with dementia the opportunity to say whether changes in their symptoms as a result of treatment truly make a difference in their everyday lives. “This is an exciting direction for assessment tools and for research that has largely been ignored,” said Dr. Jacova.

A longitudinal study putting the CLIMAT scale to use is being funded through the Alzheimer Drug Therapy Initiative (ADTI), a provincial research project that's collecting information about the effectiveness of cholinesterase inhibitors (medications that may help treat the symptoms of Alzheimer disease). The CLIMAT could become an important new measurement instrument in clinical trials and care settings to decide whether treatment is working for individuals.

Helping to improve diagnosis: Dr. Jacova is also conducting Magnetic Resonance Imaging (MRI) studies, looking for a reliable marker – a physical change – that can indicate Alzheimer's before it is otherwise diagnosable. Researchers know that the brain actually shrinks and loses volume as Alzheimer's disease progresses. Today, it's impossible to identify exactly when this process accelerates – but evidence suggests that such a stage exists. One promising approach is the use of serial MRI—comparing MRI scans over a period of time— to determine the rate at which the brain loses volume, and identify areas of the brain where that loss occurs in early stages of the disease. It is currently impossible to identify the point at which brain volume loss accelerates, but evidence suggests that such a stage exists.

“MRI is becoming an important technology for early diagnosis because it can detect abnormalities in brain volume loss years before symptoms occur,” said Dr. Jacova. The ability to identify changes in the brain that are associated with Alzheimer's earlier in the disease is becoming more important as new treatments that can modify these brain abnormalities become available. “The findings tell us we need more sensitive tools that can identify risk and create opportunities for intervention much earlier than is currently possible,” said Dr. Jacova.

Reprinted from www.alzheimerbc.org/Research/Research-in-B-C-/Professorship-in-Alzheimer-Research-at-UBC.aspx

The 2013 Annual General Meeting & Educational Conference will be held April 25-28 in Victoria, at the Comfort Hotel & Conference Centre. The theme for this conference will be *Improving Person-Centered Practice in Mental Health and Addictions Services for Older Adults*. The 2013 Conference will focus on equipping front-line staff (nurses, social workers, physicians, psychologists, psychiatrists, mental health workers and care aides) with tools that will inform their practice in person-centred care. Potential topics might include: Opening the Question; The Connection Between Mental Health and Addictions in the Elderly; Caring for Older Adults with Mental Health and Addictions Issues in Diverse Settings and Continents; and What to do With the Addicted Older Adult in Care - Challenges and Opportunities.

Conference planning is a work in progress. So far, one keynote speaker, Dr. Stuart Sanders, has agreed to participate. Dr. Sanders has been a member of BCPGA from the beginning when he worked as a geriatric psychiatrist on Vancouver Island. Although now located in Calgary, Dr. Sanders has remained a member of BCPGA and has participated in past conferences. Without doubt, he will give a thoughtful and entertaining presentation.

Please note the call for abstracts on p. 2 of this newsletter. If there are topics you wish to be included within the 2013 Conference theme, or speakers you feel will contribute to the knowledge, please send an e-mail to Bonnie Tateham, Committee Chair: bonnietateham@shaw.ca.

Details for the Conference are still being worked out, but to date the Committee reports the following: The Conference will begin in the evening of April 25 with a no-host bar, appies, live music and an opportunity to greet old friends, meet new people and network informally before Dr. Sanders' keynote address. Friday will be filled with another keynote address, concurrent sessions of workshops, round tables and presentations and the BCPGA Annual General Meeting. Posters from both students and practitioners are invited (see the Call for Abstracts, p. 2) and will be exhibited with prizes to be awarded. The Conference will close at noon on Saturday April 27 after the last presentations.

The Comfort Hotel & Conference Centre is not far from the downtown area of Victoria with all the shops, restaurants, the BC Royal Museum and many other places of interest. Participants at the Conference can stay comfortably at the hotel for a conference rate of \$79/night with free parking and take the opportunity to see and do all the fun things in and around Victoria.

We hope that you will mark your calendars and attend the 2013 Conference in Victoria, the Garden City. Please check the BCPGA website (www.bcpga.bc.ca) for updates on conference details as they are finalized. We look forward to seeing you in 2013!

A New Silver Bullet

In 1988 Health and Welfare Canada published a document entitled *Guidelines for Comprehensive Services to Elderly Persons with Psychiatric Disorders*. This document became the reference and foundation for many psychogeriatric programs, services and organizational changes and became known among practitioners as the “silver bullet”, in part for its silver cover and in part because it established the basic tenets of psychogeriatric knowledge and care. In 2011, the Mental Health Commission of Canada released *Guidelines for Comprehensive Mental Health Services for Older Adults in Canada*. This document is the product of the Seniors Advisory Committee to the Mental Health Commission of Canada, a committee chaired by Dr. Marie-France Rivard; the new *Guidelines* provide an update to the old silver bullet, an update “informed by the experiences of seniors themselves, family caregivers, mental health service providers and planners from across the country who lent their voices in focus groups and shared planning documents and other information about the services available within their respective jurisdictions.”

Following an introductory section that describes the purpose, background and process for the development of the *Guidelines*, Part I, “Framing the Context”, identifies key factors in a comprehensive integrated mental health system; Part II provides “An Integrated Service Model for Mental Health Services in Later Life”, and Part III focuses on “Facilitators of a Comprehensive Mental Health Service System.”

This new silver bullet contains ten key recommendations:

1. Those planning a comprehensive integrated mental health system must understand the diversity amongst seniors, must understand the local context and resources, and must consider the need to modify existing practices and relationships to achieve a transformed system.

2. Policies, programs and services that affect seniors should be assessed with the Seniors Mental Health Policy Lens (MacCourt, 2008) to ensure that they reflect the guiding principles and values outlined in these Guidelines. (The Seniors Mental Health Policy Lens, informed by evidence, is an analytical framework for determining the degree to which planned and current policies promote and support the mental health of seniors).

3. Mental health promotion should be embedded in all policies, programs, and services for all older adults (including those with mental illness) and their caregivers, and encompass anti stigma strategies, public awareness, education, and training.

4. Older adults, caregivers, service providers and the public should be informed about the importance of early identification of symptoms of mental illness, prevention strategies and the hope for recovery and well-being.

5. A transformed mental health system is recovery oriented,

supports caregivers and provides information to the public and service providers about the journey towards recovery (hope, choice, empowerment) and well-being for older adults living with mental illnesses.

6. The specific components of an integrated mental health service system for older adults may vary according to local context and resources, but all service systems should provide access to the following range of services for the entire senior population: community-based support services, primary care services, general mental health services and specialized seniors mental health services (including specialized community and outreach services to residential care facilities as well as specialized geriatric psychiatry inpatient services). Most importantly, there should be clear mechanisms in place to facilitate collaboration and access between services in order to achieve a comprehensive, efficient system that is integrated and more responsive to the needs of older persons, and focuses on recovery, well-being, and choice for older adults and their caregivers.

7. Benchmarks should be used to review existing services and staffing levels and guide future allocation and deployment of resources, taking into account the size of the population, existing gaps in services and bottlenecks, as well as the priorities of the community.

8. To facilitate a comprehensive mental health service system, cultural safety and diversity must be embedded in structures, programs, policies and services.

9. Caregivers must be considered active partners in the journey towards recovery and well-being, and their roles must be supported and valued in programs, policies and services.

10. Transformation of a mental health service system must include training, education and support for caregivers and health care providers to increase their capacity to respond to the mental health needs of seniors

In the conclusion, hope is expressed “that these Guidelines will provide guidance while allowing for the many variations in services and policies across the country. Collaboration amongst government sectors and consultation with seniors, caregivers, and health care will strengthen transformation and implementation of the outline recommendations.” An online version of the Guidelines is available at www.mhccseniorsguidelines.ca.

Wanted: Volunteer Board Members

St. Jude’s Anglican Home in Vancouver is seeking additional Board members, individuals who are interested in residential elder-care. St. Jude’s is a 55-bed complex care home located at 810 West 27th Street. This facility is governed by a non-profit society and funded by Vancouver Coastal Health Authority, private pay (2 beds) and donations. If you are interested in volunteering to become a Board member or for more information, please contact Joanne Fawcett (Fawcett.joanne@gmail.com) or visit their website: www.stjudes.bc.ca/.

LINKS & LEADS

Interesting Items from the Alzheimer Conference In Vancouver, July 2012

For the first time, researchers are reporting that a treatment might help stabilize Alzheimer's disease for as much as three years, but the evidence is weak and only in four patients. The treatment is Gammagard, made by Baxter International Inc. Doctors say that four patients who received the highest dose in early testing showed no decline on memory and cognition tests three years later. A bigger, more rigorous study of the treatment will give results within a year.

The drug is a collection of antibodies from pooled blood donations given as infusions every two weeks. These antibodies may help clear the sticky plaque that clogs patients' brains.

For more information about gammagard, see the Baxter website: www.baxter.com/press_room/press_releases/2012/06_25_12_gammagard_mmn.html

According to several new studies, gait disturbances, such as starting to walk more slowly or at a more varied pace later in life, could be an indication of a decline in cognitive function. When it comes to our stride, the distance between each of our steps is usually consistent. Each step is evenly paced, but what if it varies?

"A change in stride length from one stride to the next of just 1.7 cm can increase the risk of an older person falling by two times in the next six months," says Dr. Stephanie Bridenbaugh with University Hospital, Basel, Switzerland. "It is nearly doubled."

But it could also predict the development of dementia within five years. At the Alzheimer's Associations international convention, being held in Vancouver this week, Dr. Bridenbaugh, visiting from Switzerland, revealed how she came about her findings.

A 72-year-old woman was referred to Bridenbaugh because of her recurrent falls. She was fine walking at a normal pace, but when she was given a dual task to walk while counting backwards by twos, evidence of brain abnormality became much more pronounced. "Her cognitive impairment is why she had those difficulties dual tasking and it is why she fell," says Bridenbaugh.

So even before symptoms like memory loss become apparent, there are clues in our motor skills that could lead to early diagnosis. Also discussed at the conference are irregular sleep patterns, which could also prove to be both risk factors and a means of early diagnosis. "There is a sweet spot for sleep, and it generally fluctuates around seven hours," says Carrillo. "Some of the studies demonstrate that maybe getting too little sleep, or too much sleep, may not be good for our brain health." No one knows why. Like for so many things, more research is needed.

Minutes cont'd from p. 8

Communication, Research and advocacy committees could work together to create specific outcomes

Membership: Anthony Kupferschmidt
Members at the end of March. Mostly from VCH, VIHA & Interior. Represents 9 Professions: Majority are nurses. 10% are students. 62% are working in a clinical capacity, followed by managers and administrators.

Communications: Melinda has resigned. She began a redesign of the website. This will be passed over to other Board members.

Research: Nancy Jokinen - Not much progress has been made to date but Nancy will continue in this capacity.

Students: Laura Booi
Laura will gather names of students who attended this session. To entice students we need to have a better presence on the internet. To discuss with the Board and willingly will work to update the website and connect it with social media.

Thank you to outgoing Board members: A sincere thank you to Melinda Allison for all her energy and ideas and contributions while on the BCPGA Board.

Nominations and Election – Anne Earthy
At this time the remaining Board members have stated they wish to stay on the Board. The Board will review the skills required and the geographic representation. However, if anyone is interested in being a member of the Board please speak to any of the present members.
Anne moved, Bonnie seconded, that the present Board members be elected to the BCPGA board for 2012 – 2013. Carried.

Other Business

- Penny informed the members that she has just been informed, that a submission made last June, to the Public Health Agency of Canada related to Cancer Care to Develop Awareness in Seniors on the Importance of Screening has been granted to BCPGA. Funding has now been approved for this 2-year project. It will include interviews with seniors re: challenges and barriers to screenings; how to improve awareness strategies and to develop a VD.
- Public Health Education Canada has granted funds to develop social marketing tools within BC (UNBC) and Ontario (Sudbury).

Meeting Adjourned at 5:50 PM by chair Dr. John Gray.

Respectfully submitted:
Anne Earthy
Secretary of BCPGA.

**Minutes of the
2012 Annual General Meeting - April 27, 2012
Penticton Lakeside Resort and Casino, BC**

Call to Order: Meeting called to order by President, John Gray at 5:10 PM

12 in attendance: John Gray, Penny MacCourt, Jane Tench, Doreen Strong, Elisabeth Antifeau, Sandie Somers, Laura Booi, Bonnie Tateham, Nancy Wellwood, Anne Earthy, Betsy Lockhart, Anthony Kupferschmidt

Motion to approve agenda: moved by Elisabeth Antifeau, seconded by Laura Booi. Carried.

Approval of 2011 minutes as circulated. Moved by Elisabeth Antifeau, seconded by Bonnie Tateham. Carried.

Business Arising from 2011 AGM minutes: No new items.

President's Report was circulated: John summarized some of the past year's activities. The Association is sponsoring the national project "Supporting Caregivers of Older Adults: Tools for Service Providers, Program Planners, Educators and Policy Makers." We are also distributing throughout BC a resource guide: "Meeting Seniors Mental Health Care Needs in BC." Further, we have received a contract to develop a resource library on dementia. Board members are involved in other endeavours related to Mental Health and Seniors including projects related to dementia.

The President thanked Anthony for his support as Executive Director of the organization. A special thank you was extended to Melinda Allison for her contribution to the Board during the last two years. She organized a very successful conference in Prince George last year and initiated a redesign of a new web site. Thanks were also extended to Jane Tench and her Committee for organizing a most informative and friendly Penticton conference.

Motion to accept report: John Gray and seconded by Penny MacCourt. Carried.

Treasurer's Report given by Bonnie Tateham

Summary of activity as of February 29, 2012:

- There are 3 bank accounts. One is solely for the use of the caregiving project.
- The general account is for BCPGA business.
- Balance is \$28,707.51. This is reduced from last year due to a cash transfer to the account for the caregiving project. The transfer was to cover a temporary shortfall as a result of a delay in the transfer of funds to the project account from Ottawa.
- Research account - \$612.80
- No change in membership fees

Motion to accept report: Bonnie Tateham / Penny MacCourt. Carried

Executive Director's Report presented by Anthony Kupferschmidt

- Role is mostly to support caregiver initiative
- Now to manage Dementia Resource Project
- Coordinated partnership with Canadian Gerontology Psychiatrists Association meeting held in Vancouver
- Has been able also to support the Board by providing administrative support
- BCPGA's representative to the BC Alliance on Mental health/Illness and Addiction. and the Canadian Academy of Geriatric Psychiatry

Elisabeth thanked Anthony for all the work that he has done on behalf of the organization.

Motion to accept report: Elisabeth Antifeau/Bonnie Tateham. Carried.

Committee Reports:

Conference Committee. Submitted by Jane Tench

This successful conference was organized by a team of Jane and 2 volunteers and 6 students. Jane thanked the BCPGA Board for its support. It was exciting that the city of Penticton was willing to Proclaim the week of April 23-30th, 2012 as Psychogeriatric Week. Sixty persons were registered. The speakers were very well versed and the topics were interesting.

The 2013 Conference will be in Victoria & the Planning Committee chaired by Bonnie Tateham. The Grand Pacific Hotel is booked for April 25 – 27, 2013. Hotel rooms can be reserved at a conference rate of \$119.00. Committee is encouraged to get call for abstracts out no later than March 1st, 2013. In addition – save the date can be circulated very early.

Advocacy : Elisabeth Antifeau & Carol Mooring.

There is not a clear direction at the moment. Talked about informed consent. Suggest that the Board blend advocacy and practice support and focus on topic of informed consent in everyday practice. Work will continue. Team will refer to Kim Carter's remarks as well.

Minutes cont'd p. 7