



# BC Pages

**Newsletter of the B.C. Psychogeriatric Association**



## President's Report

I hope everyone had a great holiday season—seems so long ago already!

Your Board was very busy in the past few months. An on-going goal of BCPGA is to work towards the best possible care and service to older adults with, or at risk of, mental health problems and their caregivers. As part of our advocacy work, last August we sent a letter (see p. 6) to the The Honourable Kevin Falcon and Ida Chong with our review of their consultation document about a 10-Year Mental

Health Plan and suggestions about how the needs of older adults with mental health problems might be better addressed. In the fall we received a letter from their offices thanking us for our “valuable” input and assurances that the 10-Year Mental Health Plan will address seniors’ needs.

In late November we sent a letter (see p. 6) to The Premier’s office, to the Honourable Kevin Falcon and Ida Chong and to the Executive Directors of all the Regional Health Authorities, along with a position paper, outlining our concerns and recommendations about system redesign in the face of fiscal restraint; below is an excerpt. The full document will be on the website, and the letter is on p. 6

*The BCPGA has developed this position paper in response to two strong pressures: the rapidly increasing numbers and proportion of older people in BC, and the reality of fiscal restraint. We are recommending that when systems redesign occurs for whatever reasons that the values, principles and best practices detailed in the Guidelines for Elderly Mental Health Care Planning for Best Practices for Health Authorities be followed. This document, developed by the Ministry of Health and Health Authorities in 2002, is even more relevant in today’s environment.*

These activities are important in making politicians and those planning services for older adults aware, from the perspective of front line providers, of the unique needs of older adults. We thank all members who contributed to these initiatives.

Our BCPGA focus for the year continues to be on depression. We have created three fact sheets: depression and caregivers, depression in the workplace and depression in older adults. All three will be available in downloadable form on our website. The intent of these fact sheets is to provide a synopsis of the issue, some information about risk factors, other resources, and most importantly, some ideas about how each of you can take action wherever your work positions you.

This year’s conference *Updates in Older Mental Health: Meeting the Challenges* is April 30 and May 1, 2010 in Nanaimo at the Coast Bastion Hotel—well located on the sea wall, 5 minutes from the Departure Bay ferry terminal and across the street from the float planes! In response to concerns of members about lack of institutional support, we have eliminated the traditional Thursday evening dinner and keynote speaker. Our rationale was that this would allow us to reduce conference costs. We are aware how important networking is at our conferences, however, and have built in a long lunch on Friday April 30. Part of the lunchtime will be organized into Table Themes that will encourage people to mix and will provide opportunities to discuss specific issues. If there is a burning topic you want to explore, please contact Sandra Somers [sandra.somers@viha.ca](mailto:sandra.somers@viha.ca) and Andrea Hunter [andrea.hunter@viha.ca](mailto:andrea.hunter@viha.ca) to arrange. We also encourage you to consider giving a presentation and submitting an abstract to Melinda Allison [allisonm@unbc.ca](mailto:allisonm@unbc.ca) as soon as possible (see p. 2).

*Continued on p. 2*

### IN THIS ISSUE

Safe Work Practices Video . . . . .	2
Conference Presentation Abstracts Call . . . . .	2
Student Poster Competition . . . . .	3
Conference Preview . . . . .	3
News from the Regions: North . . . . .	4
Research News . . . . .	4
Links & Leads . . . . .	5
Member Profile: Mary Rimmington . . . . .	5
Advocacy News . . . . .	6
Ombudsperson’s Report Released . . . . .	7
Membership News . . . . .	7
13 <sup>th</sup> Annual Conference in Nanaimo . . . . .	8

## Safe Work Practices Video

Cont'd from p. 1

Our keynote speaker Friday morning will be Dr. Marie-France Tourigny-Rivard, a geriatric psychiatrist from Ottawa and the Chair of the Seniors Advisory Committee (SAC) to the Mental Health Commission of Canada. She is an excellent speaker and will be able to provide us with a “big picture” look at seniors’ mental health while being firmly planted in our clinical world.

One of the initiatives of the SAC is to develop national guidelines for system planning for older adults with mental health problems, with staffing benchmarks. Anyone interested in participating in a national focus group about the ideal continuum of care should contact Kim Wilson at the Canadian Coalition for Seniors Mental Health, [kwilson@baycrest.org](mailto:kwilson@baycrest.org).

If you want to start planning your trip to Nanaimo, check out these websites for information:

Coast Bastion Hotel:

[www.coasthotels.com/hotels/canada/bc/nanaimo/coast\\_bastion/overview](http://www.coasthotels.com/hotels/canada/bc/nanaimo/coast_bastion/overview)

Things to do: [www.nanaimoinformation.com/things-to-do.php](http://www.nanaimoinformation.com/things-to-do.php); [www.redmartinigrill.ca/](http://www.redmartinigrill.ca/); [www.porttheatre.com/](http://www.porttheatre.com/); [www.gonaimo.com/nanaimo/downtown-tour.html](http://www.gonaimo.com/nanaimo/downtown-tour.html)

I look forward to seeing many of you at this year’s conference!

Penny MacCourt  
President

WorkSafe Bc has released a video entitled **Working with Dementia: Safe Work Practices for Caregivers**. The video consists of a series of modules that describe how to care for people with dementia. The introductory module provides general information on dementia. The remaining modules use enactments to portray situations that caregivers may encounter when caring for a person with dementia. They show caregivers how to respond to similar situations in order to stay safe and support the person with dementia. The video can be downloaded from the WorkSafe BC website ([www2.worksafebc.com/Publications/Multimedia/Videos.asp?ReportID=35664](http://www2.worksafebc.com/Publications/Multimedia/Videos.asp?ReportID=35664)) or can be ordered as a DVD for \$35.00.

Issues portrayed in the video include: how to approach residents; how to distract and redirect; when all the right stuff doesn’t work; bath time – easing the distress.

BCPGA member Anita Wahl was involved in making the video. “It was, “ she says, “quite an experience preparing the scripts, having that reviewed by a small group of RCAs and nurses, and assisting on-site during the filming.”

### Give a Presentation and Share Your Expertise!

Whether you are a clinician, educator, researcher or manager, you have valuable experience and knowledge about mental health in older adults, and you are cordially invited to make a presentation at the 2010 annual conference **Updates in Older Adult Mental Health; Meeting the Clinical Challenges** to be held April 30 – May 1, 2010 in Nanaimo, BC.

If you are interested in making a presentation, please submit an abstract describing what you wish to talk about. The abstract should be no more than 200 words, in a font no smaller than 10 point and suitable for reproduction in the conference program. Include in the abstract:

- presentation title
- list of presenter(s) with name, position, address, phone, fax and email address for each
- primary contact person’s name should be underlined or if not one of the presenters, should include contact information

Indicate in the abstract whether the presentation is to be a 30-minute session, 1-hour session or other and if other, please specify. Include the audio-visual requirements you will need (e.g., LCD projector and screen). An abstract form can be downloaded and printed from the BCPGA website: [www.bcpqa.bc.ca](http://www.bcpqa.bc.ca) under the conference tab.

Abstracts should be submitted to Melinda Allison, Research Committee Chair: [allisonm@unbc.ca](mailto:allisonm@unbc.ca) by January 22, 2010.

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

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#### Board Members for 2009-10:

President & 2010 Conference Chair: Penny MacCourt 250-755-6180  
Secretary & Advocacy Co-Chair: John Gray 250-386-3864  
Treasurer/Membership: Anthony Kupferschmidt 604-646-6614  
Advocacy Co-Chair: Elisabeth Antifeau 250-354-2883  
Communications Co-Chairs: Anne Earthy 604-730-7631 & Elaine Unsworth 604-862-0139  
Research Chair: Melinda Allison 250-960-5602  
Jan Kohout 250-595-2313  
Anita Wahl 604-575-6702  
Lorea Ytterberg 250-565-7450  
Student Representative: Janet Love 250-472-4469

## Invitation: Student Poster Competition

BCPGA is once again sponsoring a student poster competition at the annual conference **Updates in Older Mental Health: Meeting the Clinical Challenges** April 30 – May 1, 2010 in Nanaimo BC.

Winners of the poster competition will receive prizes as follows: 1<sup>st</sup> - \$350.00; 2<sup>nd</sup> - \$200.00; 3<sup>rd</sup> - \$100.00. The winners will be announced at the close of the conference Saturday May 1 and must be present to receive their prizes.

To be eligible for this contest, candidates must be:

- Currently registered at a post-secondary institution
- BCPGA members
- Registered for the BCPGA conference

To enter the competition, candidates must submit a 200-word abstract outlining how their research relates to mental health in older adults. This submission must include the candidate's contact information, university affiliation, name(s) of faculty advisor(s), poster title and confirmation of membership in BCPGA. The abstract should identify if the research is completed or is a work in progress and when preliminary findings will be available. The due date for abstracts is March 15, 2010.

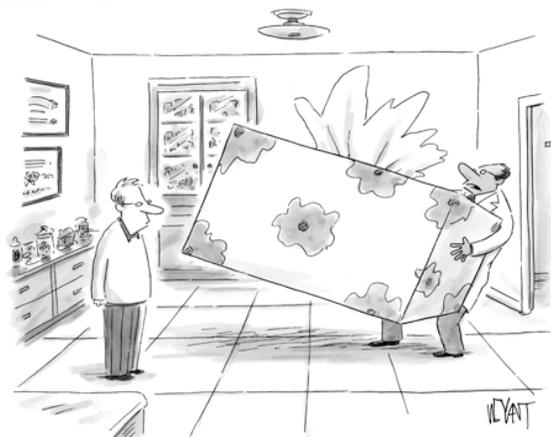
The posters should be approximately 90cm by 106cm (3ft by 3.5ft). The researcher must be present in the poster display area during the Friday morning and afternoon coffee breaks to provide opportunities to explain, answer questions and discuss their research with other conference attendees.

Judging of the posters will be according to the following criteria:

- Quality of the research
- Merit of the research
- Quality of abstract and content
- Demonstrated understanding of the research

Poster abstracts should be sent to the BCPGA Research Committee Chair, Melinda Allison: [allisonm@unbc.ca](mailto:allisonm@unbc.ca).

\* \* \* \* \*



"We're out of flu shots."

## Come to the Conference April 30-May 1!

The 2010 conference theme: *Update in Older Adults Mental Health: Meeting the Clinical Challenges* promises to be dynamic and relevant to interdisciplinary professionals and students across the continuum of care. Keynote speakers Dr. Marie France Rivard, Chair, Seniors Advisory Committee to Mental Health Commission of Canada and Dr. Michael Cooper, Head of Geriatric Psychiatry, Vancouver Island Health Authority, will share their insights and visions for older adult mental health locally and nationally.

Participants will be able to choose from sessions on topics such as: *Assessing Capacity; Concurrent Disorders; End of Life and Dementia; Cognitive Behavioural Therapy; Motivational Interviewing (3min Empowerment Model); Self-Neglect and Risk; and Culture Change in Residential Facility Care.*

An extended lunch on Friday will be used for networking and the AGM. There will be a Student Poster Competition and displays from various organizations and companies. Ethicist Alistair Browne will close the conference with a thought-provoking discussion on "Good Practice in Tough Times."

Stay tuned! – The planning committee is busy finalizing the program for distribution in early February.

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Cont'd from p. 5

residential schools. The end result is that the children are not prepared to help their aging parents with dementia or other mental health issues. Our local hospice group is now providing some help for LTC clients as they have lots of newly trained and enthusiastic volunteers. Without a lot of formal supports in place, the rural residents become more creative and self-reliant.

My wishes for improved seniors' health here would be for a day program and a long-term care facility. The closest ones are in Port Alberni, making accessing and coordinating care difficult. Consequently, our frail elderly residents who would thrive on social stimulation spend long hours at home alone. There is a group advocating for a care facility here in Tofino, but budget issues are slowing the progress.

Since I worked mostly on my own, linking with outside education and learning from others helped me with my challenging roles. I could call the nurses in Port Alberni when I had questions, but they weren't here working with me. The BCPGA and other gerontology workshops were very beneficial. I have retired from my position as of October 2009, and am now enjoying a less stressful life. My mother is 89 so I keep up my skills helping her with day-to-day life as well as emergency health issues. I am now self-employed as a foot care nurse, and enjoy the one-on-one time with my clients while still having the nurse "hat" on. The people I see are generally pretty happy to have their feet looked after.

Under the supervision of Dr. William J. Tippett, a new UNBC research lab—called the Brain Research Unit—is now operational. The Brain Research Unit is dedicated to examining effects of dementia related diseases, specifically, Alzheimer’s disease (AD). The unit will be actively recruiting individuals with AD to participate in training programs that are designed to address the concerns related to mobility and cognitive impairment. In addition, the Brain Research Unit will also be actively involved in examining the effects of stroke related deficits with the goal of evaluating and developing effective rehabilitative programs that can be accessed and administered to individuals with limited access to resources. One of the primary goals of this unit is to educate the community and provide support and information that allows people to make effective judgments about care. A further goal is improving understanding of the components of stress related effects that caregivers experience. For more information about the Brain Research Unit please visit <http://brainresearch.unbc.ca>. Dr. Tippett is also seeking collaborators with an interest in stroke; he can be reached via [tippett@unbc.ca](mailto:tippett@unbc.ca).

The Prince George Gateway Residential Care Facility has reached an important milestone with the selection of inSite Housing, Hospitality and Healthcare Services Inc. as the preferred proponent by Northern Health. Five teams submitted proposals and after a thorough evaluation of the proposals, inSite Housing, Hospitality and Healthcare Services Inc. was selected as the preferred proponent to negotiate an agreement to own the facility and lease it back to Northern Health, as well as to provide care and support services.

The 94 new residential care beds will meet up-to-date standards for the highest level of care. Seniors who need around-the-clock nursing care in a home-like environment will benefit from these beds. The facility will include full wheelchair accessibility, appropriate space for clients and caregivers, and the ability to include patient lifts and support devices. The 50 assisted living units on the site will run through Independent Living BC, a housing-for-health program where tenants pay 70 per cent of their after-tax income for their units. Residents will receive two meals a day, weekly housekeeping and linen services, 24-hour emergency response, personal care services and recreational and social opportunities. Assisted living apartments add to the current range of housing and care options available to seniors by providing a middle option between home support and residential care.

Prince Rupert also has a new care facility, a replacement for the Acropolis Manor. Construction begun in 2007 is now complete. The newer facility is larger and brings together residential care, assisted living, respite care, palliative care and adult day care. The BC Government, through Northern Health and the North West Regional Hospital District funded the project, and the City of Prince Rupert provided land adjacent to the current Acropolis site for the new facility.

A new vision for home support services focused on prevention, maintaining quality of life, and avoiding the high cost of institutional care, was identified in the report, *Aging Well in British Columbia* (Premier’s Council on Aging and Seniors’ Issues, 2006). Recent initiatives in northern British Columbia (BC) reinforce the need for home support services to address the unique challenges faced in northern, rural, and remote communities. One priority highlighted in the North is to support seniors’ in their homes by providing assistance with home repairs, shopping, housecleaning, and other Instrumental Activities of Daily Living (IADL).

Although the importance of support has long been recognized, few studies to date demonstrate the *effectiveness* of IADL support services. Moreover, no current evidence exists on an IADL support service model that would be appropriate in northern BC. Existing literature is also unclear on what value is provided when IADL support services are partnered through a health provider rather than a standalone community agency.

The BC Home and Community Care Research Network (HCCRN) has formed an interdisciplinary research team to develop and pilot test the feasibility of northern, community-based, IADL support service delivery models. This team, which involves clinician investigators from Northern Health’s Home and Community Care, Primary Care/Integrated Health Networks, and Research and Evaluation Department, and researchers (including graduate students) from UNBC’s School of Social Work, will: (1) examine the appropriateness, relative effectiveness, and costing of IADL support services in an urban and rural northern setting; and (2) examine the appropriateness of a health provider-community partnered versus a community standalone model. The first phase involves two demonstration projects on a health-partnered IADL support service model involving an urban northern city and a smaller northern setting. The second phase will involve a demonstration project modeling community standalone IADL support services.

HCCRN is also exploring the health decision-making of older women living in poverty. Pilot focus groups are scheduled in Prince George and Vancouver to understand better the health-related trade-offs that older women make as a direct result of poverty. Comparisons will be made between women who are long-term versus more recently poor. Findings from the pilots will provide groundwork for a larger study. Planned outcomes include a resource guide to assist indigent older women navigate the health system and access community resources.

\* \* \* \* \*

January is Alzheimer Awareness month, and the Alzheimer Society of BC has hit the airwaves with information spots about Alzheimer Disease. See their website for links to these radio spots:

[www.alzheimerbc.org/News-and-Events/News-Archives.aspx](http://www.alzheimerbc.org/News-and-Events/News-Archives.aspx)

On January 4, 2010 The Alzheimer Society of Canada released its report on the incidence and impact of dementia in Canada. According to the Alzheimer Society of Canada website ([www.alzheimer.ca/english/rising\\_tide/rising\\_tide\\_summary.htm](http://www.alzheimer.ca/english/rising_tide/rising_tide_summary.htm)), the Report was funded by Pfizer Canada, Health Canada, Public Health Agency of Canada, Canadian Institutes of Health Research and Rx&D. The Report's purpose was to:

- Estimate the health and economic burden of dementia in Canada over the next 30 years;
- Analyze the possible effects of intervention scenarios upon this burden;
- Demonstrate how the proposed interventions could affect the health and economic impacts of dementia in Canada;
- Review policy options;
- Make recommendations on how to address the issue.

The Report estimates that in 2008 the prevalence of Alzheimer's and related dementias in Canada was 1.5% of the population, 231 million hours of informal care were provided and the economic burden of dementia amounted to \$15 billion. By 2038 the Report estimates the prevalence to be 2.8% requiring 756 hours of informal care and the economic burden to be \$153 billion.

Four potential intervention scenarios are suggested, and the Report concludes by arguing for the development of a National Dementia Strategy to include five recommendations:

1. An accelerated investment in all areas of dementia research.
2. A clear recognition of the important role played by informal caregivers.
3. An increased recognition of the importance of prevention and early intervention.
4. Greater integration of care and increased use of chronic disease prevention and management.
5. A strengthening of Canada's dementia workforce.

In September 2009, the World Alzheimer Association released a similar Report that provides global statistics on prevalence, economic burden and both formal and informal care ([www.alz.org/national/documents/report\\_full\\_2009worldalzheimereport.pdf](http://www.alz.org/national/documents/report_full_2009worldalzheimereport.pdf)). The global burden of disease statistics in this Report make dementia "a leading cause of disability among older people, second only to blindness." This report points out that "In 2004, Australia was the first country to make dementia a national health priority, and national dementia strategies have been launched in France, South Korea, England, Norway and the Netherlands." Further, "the total societal costs of dementia already far exceed those of cancer, heart disease or stroke. While the health care costs for dementia are comparatively modest, these are more than made up for by the very high costs of informal care (unpaid care provided by families), community social care and, in developed countries, institutional care homes."

I am an RN BSN who has lived and worked in Tofino BC for over 30 years. I grew up in Victoria and trained at the Royal Jubilee Hospital. For many years I worked at Tofino Hospital as one of two RNs per shift looking after patients with all sorts of health problems, from birth to death and everything in between. It is the only hospital on the West Coast peninsula of Clayoquot Sound and has gone from 21 to ten beds, plus a busy emergency department.

In 1998 I became the first Home Care/Long Term Care Case Manager. Previously, the Home Care staff had to come out to the coast from Port Alberni, a 1.5 to 2 hour drive each way. In this new position, I covered Tofino, Ucluelet, and the five First Nations communities in the area. Some are only accessible by boat or air, so there is a huge geographical challenge to seeing clients. I had to have fall-back plans in case of inclement weather or deaths in First Nations communities where all work is stopped in respect to the family. The role of diabetes educator was included in this new job, and I also continued to work half-time as a hospital nurse. In 2003, the position expanded to fulltime as the Nuu Chah Nulth Tribal Council contracted for LTC nursing services on the local reserves and home support supervision was added for Tofino and Ucluelet.

At first, there were few clients with dementia, but within ten years over 50% of clients had some form of dementia or other mental health issues. We had a psychogeriatric outreach team from Port Alberni, a physician and a nurse, who came out to the coast to see clients and families and provide inservice education. By 2007, this team was no longer funded to visit. Clients had to travel to Port Alberni to be seen there, but we were able to book LTC clients into designated respite beds at two LTC facilities in Port Alberni. Finding a local doctor to take on these clients while in care was a problem. One of the case managers in Port Alberni had to get a doctor there to see them.

Our community resources are pretty slim. We have great, but few, home support workers, and access to ongoing training is difficult. There are no day programs, no Meals on Wheels, no Handidart, no LTC facility. In Ucluelet, we do have a three-year-old Assisted Living facility that has been a great addition and is a real community asset for psychogeriatric clients. Our mental health team has expanded over the years and includes a Coordinator/Counsellor, a Drug and Alcohol counsellor, and outreach support workers. A psychiatrist visits Tofino and Ucluelet every one to two months, but neither these workers nor our local physicians have specialized expertise in psychogeriatrics.

Since there are no caregiver support groups, families have to rely on their own circles of family and friends. We see clients and families who suffer from the generational effects of alcohol and drug abuse, as well as experiences such as

*Continued on p. 3*

*The BCPGA Board sent the following letters to Premier Campbell & Ministers Kevin Falcon and Ida Chong*

26 August, 2009

Dear Premier Campbell,

**Re: Position Statement: Mental Health Services for Older British Columbians: Addressing Population and Fiscal Pressures**

Please find attached the above document prepared by the British Columbia Psychogeriatric Association (BCPGA). The Association's members are health care professionals who work with older people with mental health problems in facilities and in the community and with their family members. BCPGA is also a member of the BC Alliance on Mental Health/Illness and Addictions.

The BCPGA has developed this position paper in response to two strong pressures: the rapidly increasing numbers and proportion of older people in BC, and the reality of fiscal restraint. We are recommending that when systems redesign occurs for whatever reasons, that the values, principles and best practices detailed in the *Guidelines for Elderly Mental Health Care Planning for Best Practices for Health Authorities* be followed. This document was developed by the Ministry of Health and Health Authorities in 2002 but is even more relevant in today's environment.

The intent of the Position Statement is to be of assistance to funders and program planners by pointing out usefulness of the *Guidelines*. Since responsibility for service delivery rests with the Health Authorities we are copying their Chief Executive Officers. We are also copying your Ministers most involved with this issue.

We are pleased with the considerable service development that has occurred over the years for older people with mental health problems such as depression, dementia, schizophrenia, anxiety and other disorders that cause suffering and impede the person's ability to function independently. However, we urge that in these difficult times that any redesign of the system take into account the [Guidelines for Elderly Mental Health Care Planning for Best Practices for Health Authorities](#)

We would be pleased to discuss these issues further with your Ministries or with Health Authorities.

Yours sincerely

Penny MacCourt PhD  
President

cc: Minister of Health Services, Minister of Healthy Living and Sport, Health Authorities' Chief Executive Officers

November 7, 2009

Dear Premier Campbell,

**Re: Position Statement: Mental Health Services for Older British Columbians: Addressing Population and Fiscal Pressures**

Please find attached the above document prepared by the British Columbia Psychogeriatric Association (BCPGA). The Association's members are health care professionals who work with older people with mental health problems in facilities and in the community and with their family members. BCPGA is a member of the BC Alliance on Mental Health/Illness and Addictions.

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We would be pleased to discuss these issues with your Ministries or with Health Authorities.

Yours sincerely

Penny MacCourt PhD  
President  
[pennymaccourt@shaw.ca](mailto:pennymaccourt@shaw.ca)

cc: Minister of Health Services, Minister of Healthy Living and Sport, Health Authorities' Chief Executive Officers

\* \* \* \*

A friend is one that knows you as you are and understands where you have been, accepts what you have become and still, gently allows you to grow.

William Shakespeare

## Part 1 of Ombudsperson's Report on Frail Seniors Released

At the 2009 BCPGA conference, Ombudsperson Kim Carter spoke about the review of services for seniors in the Province that her office was undertaking. In August 2008, Carter said, we, "initiated a province wide investigation to look at seniors' care, with a specific focus on issues of access to information, access to services, quality of care, standards of care, monitoring and enforcement, and complaints processes."

Part 1 of Carter's report on this investigation was released in December 2009. Entitled **The Best of Care: Getting It Right for Seniors in British Columbia (Part 1)**, the Report begins with this introductory letter from the Ombudsperson:

"This report is the first of two from the Office of the Ombudsperson on seniors' care in British Columbia. In this report we have focused on the most frail and vulnerable seniors – those who need 24-hour care provided in residential care facilities.

Early in our investigation, we identified three interrelated areas where we believed straightforward changes could quickly improve the quality of life for these seniors. The changes we recommended were: clearly setting out the rights of seniors living in all types of residential care facilities and ensuring these rights were respected; providing timely access to useful, consistent and comparable information on residential care facilities; and clarifying and providing support for the role of resident and family councils.

While I am satisfied that some of our recommendations, such as the residents' bill of rights, have been accepted and are already being implemented, I remain concerned this is not the case with other recommendations, even when the ministries have indicated they accept the purpose and intent of the recommendations. It is disappointing, for example, that our recommendation to create a single, provincial website that would provide timely access to useful, comparable information about residential care facilities has not resulted in a commitment to achieve that goal.

I hope that the significant public interest in this area will encourage full and timely implementation of all our recommendations.

Our second report in the area of seniors' care will deal with a broader range of care options, including home support, assisted living and residential care, and will examine issues such as access, standards, and monitoring and enforcement.

Kim S. Carter  
Ombudsperson  
Province of British Columbia"

*For the entire report see:*

[www.ombudsman.bc.ca/resources/reports/Public\\_Reports/Public\\_Report\\_No\\_46.pdf](http://www.ombudsman.bc.ca/resources/reports/Public_Reports/Public_Report_No_46.pdf)

## Membership News

Dear BCPGA

Since the last BC Pages newsletter, we have welcomed four new members. The membership now stands at 103 who have paid dues for 2009-2010. This figure includes 35 new members and 68 members renewed from 2008-2009.

Of particular note is that there are presently fourteen student members of the BCPGA, more than ever in the organization's history. The Board is committed to encouraging student membership, as they bring new enthusiasm and inspiration to the BCPGA. Students interested in becoming (more!) involved in the BCPGA should feel free to contact me at [bcpga@yahoo.ca](mailto:bcpga@yahoo.ca).

We also recognize that a crucial way to reach students is to promote the value of BCPGA student membership to existing members who have regular interaction with students. As many of you are in a position to speak with students about the BCPGA, we hope that you will consider publicizing the benefits (and discounted student rate) of BCPGA membership to those you teach, mentor and support. If you know a student who may be interested in becoming a BCPGA member, please put them in touch with me and I would be happy to answer any questions.

We are continuing to acknowledge the contributions and accomplishments of the BCPGA membership by profiling individual members here in BC Pages. In this edition, be sure to check out the feature on Mary Rimmington. Thank you very much to Maia Kennedy for her continued assistance in preparing member profiles.

As many of you will have noticed, this is the first edition of BC Pages distributed through the membership email list. Those members who also requested to continue receiving a printed version of the newsletter (by checking off the box in section 9 of the membership application form) are more likely to be reading this in hard copy. Please email me if you would like to ensure that you continue to receive BC Pages in your preferred format.

This is also the last edition of BC Pages before the current membership year ends on March 31, 2010. Watch for an electronic copy of the membership form in your inbox and on the website, or complete the paper version enclosed with this newsletter. You will notice two small changes on the 2010-2011 form. Earlier this year, the BCPGA Board of Directors struck a Student Committee that you can now join. The other change is to membership fees. At the last annual general meeting, members voted in favour of a \$5.00 increase to the cost of regular membership (now \$45.00). Student membership fees remain unchanged at \$20.00. This increase is intended to offset the cost of enabling credit card payments for both membership and conference registration fees.

Anthony Kupferschmidt  
Membership Chair & Treasurer  
[bcpga@yahoo.ca](mailto:bcpga@yahoo.ca)



**BC PSYCHOGERIATRIC ASSOCIATION presents  
the 13<sup>th</sup> annual conference...**

***Updates in Older Adult Mental Health:  
Meeting the Clinical Challenges***

Being held at the Coast Bastion Inn; Nanaimo, BC  
Friday April 30 and Saturday May 1, 2010

**Please mark your calendars and SAVE THE DATE!**

**Preliminary topics include: legal and ethical decision making, capacity  
assessments, adult guardianship legislation, concurrent disorders  
& motivational interviewing**

**With key note speaker:**

**DR. MARIE-FRANCE TOURIGNY-RIVARD**

Professor, Department of Psychiatry, University of Ottawa.  
Clinical Director Integrated Geriatric Psychiatry Program, Royal Ottawa  
Health Care Group with clinical responsibilities in Outpatient Service and  
Outreach Geriatric Mental Health Services.

Member, Champlain-District Mental Health Implementation Task Force.

First recipient of the Leadership Award from the  
Canadian Academy of Geriatric Psychiatry.

Past President, Canadian Academy of Geriatric Psychiatry

Chair of the Seniors Advisory Committee to the Mental Health Commission of Canada

**Please check the BCPGA website for the call for abstracts,  
and regular conference updates**

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