

Canadian Coalition for Seniors' Mental Health: A New Initiative

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A national symposium entitled *Canadian Invitational Symposium on Gaps in Mental Health Services for Seniors in Long-Term Care Facilities* was held on April 28–29, 2002 in Toronto. The participants, who represented more than 65 organizations from across Canada, included national and provincial associations, policymakers, consumers, service providers, educators, researchers and representatives from private industry. The main outcome of the symposium was overwhelming support for the establishment of the Canadian Coalition for Seniors' Mental Health, the purpose of which is to improve the mental health of seniors through a coordinated national strategy. The Coalition's first priority will focus on the needs of seniors living in long-term care facilities.

The participants highlighted many strategic initiatives that can be implemented on local, provincial and national levels. These initiatives included:

- educating professionals, frontline workers and family caregivers;
- promoting and enhancing research opportunities to gain a better understanding of effective practices;
- advocating for policies and programs to ensure high quality care and enhancing public understanding of related issues, including ageism and stigma;
- enhancing assessment and treatment to improve outcomes and quality of life;
- creating environments and programs designed to promote mental

health involving family members in the provision of care through education and awareness of seniors' mental health issues;

- developing a strategy to enhance the recruitment and retention of health professionals with expertise in care of the elderly.

Prompted by concern about inadequate mental health services for the residents of long-term care facilities, the Canadian Academy of Geriatric Psychiatry developed the Millennium Project in 1999 with the goal of "improving the mental health of the elderly in long-term care through education, advocacy and collaboration". The Academy formed a partnership with Health Canada and 10 other national organizations to plan the symposium. These organizations included Alzheimer Society Canada, Canadian Association for Community Care, Canada's Association for the 50 Plus (CARP), Canadian Association of Social Workers, Canadian Geriatrics Society, Canadian Mental Health Association, Canadian Nurses Association, Canadian Psychological Association, Canadian Society of Consulting Pharmacists and the College of Family Physicians of Canada. We believe that it is essential to have the active involvement of family physicians in light of the vital services they provide to seniors, both in long-term care settings and in the community.

The coalition will focus on issues related to mental illnesses such as mood, anxiety and psychotic disorders, as well as

emotional and behavioural disturbances that occur as a result of medical/neurological illnesses (e.g., Alzheimer disease, stroke and Parkinson's disease). In recent years, nursing homes have been termed "the modern mental institutions for the elderly". Studies have estimated that approximately 80% of nursing home residents suffer from a mental disorder. One of the most rigorous studies was carried out by Rovner *et al.*, who evaluated 454 consecutive nursing home admissions.¹ More than two-thirds of the residents had some form of dementia and 10% suffered from a mood disorder. Of the residents suffering from dementia, 40% had psychiatric complications such as depression, delusions or delirium. A comprehensive review of the literature with regard to the prevalence of behavioural and psychological symptoms of dementia yielded median figures of 44% for global agitation, 24% for verbal aggression and 14% for physical aggression.² The prevalence rates of delusions and hallucinations in patients with Alzheimer disease have been estimated to be 36% and 28%, respectively.³ Studies of depression suggest that between 15% and 25% of nursing home residents have symptoms of major depression, and another 25% have depressive symptoms of lesser severity.^{4,5} However, in spite of the need for mental health services by nursing home residents, very few residents receive psychiatric or other mental health services. A study of long-term care facilities in Ontario revealed that 88% of nursing homes receive five hours or less per month of psychiatric care for their whole institution.⁶

For seniors living in the community, concerns include the rapidly increasing number of individuals who suffer from dementia (as a result of the aging population), high rates of unrecognized depression and completed suicide, limited availability of mental health services including community outreach in many areas, and poor funding of critically important home care services.

Seniors' Mental Health

The Coalition has applied to the Health Population Fund (Health Canada) and to private industry for funding. One of its first projects will be to compile separate inventories of Educational Materials for Health Care Professionals and for Family Caregivers. For information on the Canadian Coalition for Seniors' Mental Health, please contact either David Conn or Shelly Haber, Project Director at 416-781-2886, or e-mail: s.haber@sympatico.ca. ♦

References

1. Rovner BW, German PS, Broadhead J, et al. The prevalence and management of dementia and other psychiatric disorders in nursing homes. *Int Psychogeriatr* 1990;2:13-24.
2. Tariot PN, Blazina L. The psychopathology of dementia. In: Morris JC, editor. *Handbook of dementing illnesses*. New York: Marcel Dekker, 1994: 461-75.
3. Wragg RE, Jeste DV. Overview of depression and psychosis in Alzheimer's disease. *Am J Psychiatry* 1989;146:577-87.
4. Ames D. Epidemiological studies of depression among the elderly in residential and nursing homes. *Int J Geriatr Psychiatry* 1991;6:347-54.
5. Katz IR, Leshner E, Kleban M, et al. Clinical features of depression in the nursing home. *Int Psychogeriatr* 1989;1:5-15.
6. Conn DK, Lee V, Steingart A, et al. Psychiatric services: A survey of nursing homes and homes for the aged in Ontario. *Can J Psychiatry* 1992;37:525-30.