



Bold for the Old!

Forum Proceedings

May 6, 2016

Baycrest, Toronto



Canadian Coalition for Seniors' Mental Health

To promote seniors' mental health by connecting people, ideas and resources.

Coalition Canadienne pour la Santé Mentale des Personnes Âgées

Promouvoir la santé mentale des personnes âgées en reliant les personnes, les idées et les ressources.



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CANADIAN ACADEMY OF
GERIATRIC PSYCHIATRY

L'ACADÉMIE CANADIENNE
DES PSYCHIATRIE GÉRIATRIQUE

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Overview

Canada is in the midst of a significant and permanent demographic shift, an aging population, which will have profound impact on our physical, mental, social and economic well-being. From a public health perspective, we see older adults who are living well into retirement and are more engaged in their own health. On the flip side, more Canadians are living longer with chronic health conditions, frailty, dementia/ cognitive impairments and mental illness.

This demographic shift will continue to affect our health care system, with the mental health care system being particularly vulnerable. While there is a growing need for an appropriate range of physical and mental health services for seniors at home, in the community and in long-term care settings, our current health care system is limited in its capacity to meet the needs of our aging population.

There is an urgent need for a multi-sectoral partnership approach to address the physical and mental health needs of an aging population. It is essential that policies and practices by community, regional, provincial and national partners integrate physical and mental health services for older Canadians. This will include networking among and working with health and community partners to deliver a system of care across care settings (with primary care playing a key role), and using a collaborative model of care as outlined in the [Guidelines for Comprehensive Mental Health Services for Older Adults in Canada](#). It is about preparing the existing and future health human resources to be responsive to the needs of older Canadians. They need to develop knowledge and skills at all levels (individual, provider, community, and policy) to facilitate knowledge translation and best practice implementation aimed at reducing ageism and stigma, and removing barriers that older adults face in accessing mental health services.

Given these significant concerns, the Coalition recommends:

1. Strategy: The Coalition urges the federal government to ensure that seniors' mental health issues remain a priority of the national mental health strategy. In addition, we recommend the federal government establish a National Seniors' Strategy with a strong emphasis on protecting and promoting the physical and mental health of older Canadians. Encouraged by the recent announcement of the federal/provincial and territorial Ministers of Health, we support the development of a national seniors' health and social care strategy.

2. Systems: To address the system capacity issue, the Coalition recommends a reorientation of the system from disease management to prevention and promotion of mental disorders, chronic conditions and disabilities. We also recommend adequate allocation of resources to expand the capacity of the home care, long-term care (nursing

homes), primary care, and specialty sectors to meet the growing demands of an aging population.

3. Support: The Coalition is committed to ensuring older Canadian have access to the mental health care services, including mental health promotion and prevention, with a strong focus on supporting older adults living with chronic conditions and those at risk for suicide. In addition, it is also vitally important to support these older adults' caregivers.

Forum Objectives

As you know, our aging population is already impacting on Canada's health care system as well as our ability to maintain our physical, mental, social and economic well-being. This significant demographic shift demands a bold plan for a range of physical and mental health services for seniors at home, in the community and in long-term care settings.

The goal for our one day forum is to continue a high level and inclusive discussion with key stakeholders from across Canada to:

- Review and analyze emerging themes and strategies to improve collaboration and action on seniors' health issues in Canada
- Take action (both individually and collectively) for seniors' health in Canada

Agenda

Welcome: Opening Remarks, Meeting Overview & Objectives, Introductions, Review expectations, Agenda

Being Bold for the Old! Accomplishments, successes, & lessons learned

A 40,000' View of Active and Healthy Ageing: Focusing the themes from pre-meeting interviews

Workshop: Exploring new ideas

Workshop: Establishing Priorities

What is in it for me (WIIFM)? Roundtable discussion on stakeholder benefits

Objectives Workshops: SMART Goals at the 20,000' level, Generate SMART Goals and Commit Action Plan for each Objective

Present Workshop Results

Closing Remarks: Review Objectives & Goals, Process checks, Next steps

Participants and Expectations

Twenty leaders in partner organizations who are committed to seniors' health participated including:

- Canadian Coalition for Seniors' Mental Health
- Canadian Academy of Geriatric Psychiatry
- Public Health Agency of Canada
- Nova Scotia Fountain of Health Initiative
- National Initiative of the Care of the Elderly
- International Longevity Centre (ILC) Canada
- Canadian Mental Health Association
- Canadian Home Care Association
- Carers Canada
- Mental Health Commission of Canada
- Canadian Psychiatric Association
- Canadian Psychological Association
- University of Ottawa
- Active Living Coalition for Older Adults
- Canadian Medical Association

Attendees introduced themselves, their areas of interest and priorities (for a list of participants, see [Appendix A](#)). Some of the expectations for this meeting included:

- How will the Coalition advance the next phase of the Guidelines? Dissemination? Impact?
- Is a collaborative approach to integrating health and social care possible?
- Can we come together as one voice in advance of the 2017 Health Accord?
- How will we address the challenges of transitioning skills from specialist to primary care?
- What partnerships from this meeting can best advance seniors health care?
- How can we break down silos for better communication and collaboration?
- We need to advance the rights of seniors
- Promotion of health through the life trajectory is key.
- Will this forum lead to improved integration of research x healthcare x education?
- The hope for this Forum is to connect us as advocates for seniors' health.

Core Assumptions

The following core assumptions formed the basis of this process:

- Discussion and decision-making was informed by a comprehensive pre-meeting interview and information gathering process.
- An external facilitator worked with the Steering Committee and Staff to design and facilitate a forum that supports an open dialogue with multiple stakeholders in senior's health and social care.

- During the initial phases of this process, the scope was broad and inclusive; the information gathering process and discussions at the workshops were designed to narrow this focus.
- High level objectives, goals and action plans are developed through this process.
- The CCSMH/CAGP will work with stakeholder partners to advance some of the outcomes from this Forum.

Opening Remarks

Dr. Kiran Rabheru set the tone for our forum. Being “Bold for the Old” is about a fundamental shift in our *attitudes towards ageing*. Can a *multi-sectoral partnership* approach transform the current reality of so many Canadians suffering from chronic health conditions, frailty, dementia/cognitive impairments and mental illness to *optimal living* as seniors live longer and are more engaged in their own health?

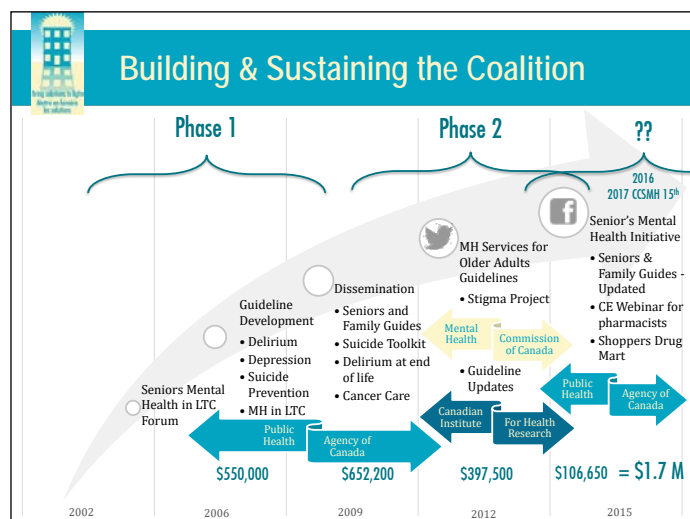
Our vision is to move away from disease based curative models to older person centered systems *across the continuum of health and social care* by all levels of governments, policy makers, and resources.

Canadian Coalition for Seniors’ Mental Health (CCSMH) Milestones

Dr. David Conn reviewed the formation, development and implementation of the Canadian Coalition for Seniors’ Mental Health since its inception in 2002 (for an overview of the Coalition history, see [Appendix B](#) for the forum presentation slides). Originally established as a Millennium Project of CAGP in 1999, the CCSMH has grown to a national network of over 2000 seniors, caregivers, clinicians, administrators and policy makers interested in advancing seniors mental health in Canada.

A National Think Tank on the Gaps in Mental Health Services for Seniors in LTC Facilities was held in 2002 where the Coalition was formed.

Since 2002, the Coalition has been a leader in the development and dissemination of national guidelines on the assessment and treatment of mental health in later life including: depression, suicide risk and prevention; delirium; and mental health in long term care.



In 2015, CCSMH has continued to grow and to identify trends including anxiety in later life, living with chronic health conditions, substance use, mental health promotion, caregivers and suicide.

In addition to the focus on the assessment and treatment of seniors' mental health illnesses, the Coalition has been interested in exploring upstream prevention. In the last several months, the Coalition has been working with the [Fountain of Health Initiative](#) in Nova Scotia as a potential future project. Dr. Keri-Leigh Cassidy introduce the evidence and the components of the initiative.

Learning from our history, the Coalition wants to engage with their stakeholders to establish new priorities for the future of seniors' health that finds common ground to address both the physical and mental health of older adults.

Bold for the Old!

Dr. Ken Le Clair summarized with lessons learned. Optimal aging is the next wave of innovation and that seniors and their families are at the centre of this transformational change. There is lots of evidence to show we are more effective and impactful working together. Clearly no one organization or discipline can lead the way. We need to work together to engage all our stakeholders. Practice and policy go hand in hand. And like the story of Stone Soup, sharing our resources to ensure better coordination is a key ingredient to success.

Process

Pre-Forum, we asked most of the confirmed participants what the most important issues on seniors' health as well as how we can shift the conversation with our partners to embrace a more active and healthy aging approach for their perspective. The primary themes were changing attitudes, integrated health and social care, and resources. Secondary themes included CCSMH guidelines, health promotion and prevention, education, and measurement (Please see [Appendix C](#) for the summary of the interview secondary themes).

During the Forum, participants engaged in three interactive workshops to expand on the primary themes, rank the priorities, and develop goals and an action plan for each of the themes. Below is the summary of the collective efforts of the forum participants.

Themes, Priorities and Goals for Active and Healthy Ageing

1. CHANGING ATTITUDES

Can we change the stigma of ageing as a disease that needs to be fixed to an opportunity? The opportunity to focus on “living optimally” and moving from chronic disease management to primary prevention may be challenging in our current health and social care systems. Yet, we know how we thinking about our own aging has an impact on our physical and mental health. How do we embrace health promotion and primary and secondary prevention?

New Ideas Under Theme	#
Redefine aging	10
advertise to healthcare workers - primary care, rehab, ER, in-patient workers	4
change provider behaviours	3
shift funding to multicultural, multiethnic, person and relationship centric	3
empower - doing <u>with</u> and not <u>for</u>	2
idealize retirement, promote new ideas on ageing	1
focus on the intrinsic value of ageing, earning or wages	1
put seniors experiences in practice - deal with the middle age sandwich generation	1
explore what contributing mean, being productive	1
teach about ageing across the ages	1
reposition LTC people in charge need to adjust attitude	1
successful dying	1

Goal: To redefine ageing as a positive continuum of life by promoting the benefits of living optimally to the person, family, organization, community and nation.

Who are the players?

- Older adults need to be engaged in the changing the narrative about aging. Support older adults defining what aging means to them
- Family members and the community have a role to play
- Health and social care leaders
- Media
- Researchers

What needs to be done?

- Shape and change the language, culture, and discourse on aging and later life. Shifting the focus from a negative view of decline and death, to one of opportunity to identify and remove the barriers to age well.
- Create a social movement with partners with a well-developed and executed marketing campaign.
- For older adults, support them to define optimal aging for themselves.
- As organizations, be mindful of how we position older adults as a problem – i.e. bed-blockers or tsunami that will overwhelm the health care system. Websites, reports and other written material.
- As organizations, reflect on what we say we do and what we actually do – re-educate our own organizations about a balanced approach to aging.
- Work with media to positively portray older adults.
- Work with researchers to ensure older adults are engaged as key knowledge users and language is sensitive to the negative stereotypes on aging.
- Promote optimal aging that supports the QoL of older adults that is personally defined addressed enabling environments and is relational- and evidenced-based.

How much money (resource) is involved?

- Unsure of amount required at this time.

When will this happen?

- ASAP

Discussion notes and other considerations

- Talked about ‘Shifting focus: engaging in optimal aging.’
- As a group, spent most of our time clarifying the goal statement including to think about aging as a continuum. To focus on aging as a success story. Have an aging population seen as a positive result of social and economic development rather than a burden on our health care system or as a problem that requires a solution.

- To identify and remove barriers to aging well.
- Replace negative stereotypes with more positive images – finding the balance between living well with chronic health conditions and creating the conditions that encourages older adults to participate in all aspects of their life and health.
- WHO. (2012). Good health adds life to years: Global brief for World Health Day 2012. www.who.int/ageing/publications/whd2012_global_brief/en/.
- The activities need to be based on the evidence about changing attitudes and behaviours – similar to the stigma, social contact is key.
- Need to consider cultural and beliefs on aging – consider Indigenous and multicultural older adults.
- Educational approach to change cultures example of approach – Partnership in Dementia Care (PIDC) Person and Family Centred Care Education - www.saintelizabeth.com/pfcc/resources.
- Messages that support participation of older adults – ‘it’s never too late.’

2. COMMUNITY-FOCUSED HEALTH AND SOCIAL CARE

There is a wide range of ideas on how to improve and expand community-focused health and social care, including adequate allocation of federal and provincial funding, improved wages, especially for the front-line workers such as personal support workers, education and training for multi-disciplinary providers, patient-centred care, technology, as well as health and social policy development in the context of a new federal government. The increasing role of home and community care and age-friendly communities were also mentioned.

New Ideas Under Theme	#
Creating age friendly communities - 8 domains	8
link system & community - integration of public health, homecare, & social care	6
social determinates of health	5
integration between primary and specialty care, shared and interdisciplinary care	5
go beyond health systems, social definition of Q-health? Multisectoral, housing, transportation	5
find the best way to position health vs mental health	4
integrate health promotion into primary care health systems	4
gather data on problems Why is respite care not used? Timing of resources	3

use technology (uber)	2
attention on who cares for caregivers	2
recognize the complexity of ageing not a single disease , intervention of specialty	2
address the \$3 billion spend on homecare	1
deal with the budget problems of self-managed care	1
consider the whole trajectory of the care process horizontal vs vertical integration	1
need programs that reflect experiences of seniors and caregivers	1
links with changing attitudes and where we put our resources	1

Goal: To designated age friendly communities integrate health services and adopt a mental health lens in acting on priorities at the local level.

“In an age-friendly community, the policies, services and structures related to the physical and social environment are designed to help seniors "age actively." In other words, the community is set up to help seniors live safely, enjoy good health and stay involved.” Public Health Agency of Canada website: <http://www.phac-aspc.gc.ca/seniors-aines/afc-cao-eng.php#sec1>.

Currently, there are more than one thousand age-friendly communities in Canada. Age-friendly communities have to focus on eight domains that correspond to the social determinants of health. The least developed domain tends to be that of community supports and health services.

Who are the players?

- Regional health services working together and the PT ministries that fund and mandate health services.
- Local age-friendly networks; Designated age-friendly communities – which are managed by a steering committee that includes the municipality, seniors, community agencies, and others.
- There is an age-friendly communities national reference group as well as P/T coordinating bodies.
- Health services tend to operate outside of and are least connected to the municipal context, therefore they are least likely to be involved with the steering committee that is spearheading the local age-friendly community local initiative.

What needs to be done?

- The PT Minister responsible for seniors and the Minister of Health require all health authorities to submit plans for integrating health services and applying a mental health lens in their designated age-friendly communities.
- Regional Health Authorities - direct health services to participate in age-friendly community initiatives.
- PTs dedicate funding for mental health promotion and services in age friendly communities.
- The age friendly communities' national reference group and PT coordinating bodies share information about obstacles and success stories in mental health promotion and services.
- Age-friendly community steering committees invite health and mental health agencies to be part of the steering committee and action plans.
- Existing integrated health networks in a region or municipality invite age friendly community steering committees to joint meetings to identify concrete collaborative/ common actions.
- Identify the key integrated health and social service networks that already exist at the local level.
- Health services also need to adopt an age-friendly lens within their own services.

How much money (resource) is involved?

Will not necessarily involve more money

Discussion notes & other considerations

- How to bring in the social isolation collective impact program?
- Also role for existing networks and agencies that already serve an integrating role – e.g. CMHAs
- Flip side: health services need an age-friendly approach. But for integration need both to be in one goal.
- Began to talk about other versions for this goal to capture the intent:
 - promote and foster actions within age-friendly communities that improve the integration of community mental health services
 - To apply an age-friendly and mental health lens to the integration of health and social care in our communities

3. RESOURCES

Universal barriers to adequate and sustainable resources (funding, people - both paid and unpaid, and assets) include competing interests, institutionalized silos, poor coordination or communication, duplication of effort, and fragmentation. These barriers limit the impact and effectiveness of programs and services for older adults to stay well and require care due to mental illness, chronic health conditions, frailty, and dementia/cognitive impairments.

To coordinate and manage the limited resources better, everyone would benefit from a “platform for common ground” that could connect stakeholders, encourage collaboration and generate consensus on key issues around on active and healthy ageing. There are several models of alliances in Canada and Europe that could help us meet the need.

New Ideas under Theme

#

what's missing? Gov't does not fund collaboration, core support funding, translation or evaluation	7
recognition of seniors and caregivers as pooled resource for a common goal	7
move \$ from acute, long term care (hospitals) to community based integrated social health care	7
sustainable support for innovation based on evidence and feasibility studies	4
integration across the continuum of care - transitions	3
strive for more realistic fed- provincial funding formulas and reallocation formulas	3
bring to gov't dissemination pathways, evidence to support policy, information	3
we need good budget and shared funding models	3
combine network experience to fill gaps such as knowledge translation and evaluation	3
educate policy makers with accurate info on the trajectory of illness across the continuum of care	3
ensure we include a brain/ mental health lens	1

Goal: To secure resources and sustainable funding to ensure the mental health, resilience and Quality of Life of seniors.

Who are the players?

- Federal
- Provincial
- Regional Health Authorities
- Private sector
- Seniors
- Mental Health Commission of Canada
- Public Health Agency of Canada

What needs to be done?

- Better integration of structures across the continuum of care
- Secure new money and reallocate current money
- Find innovative projects (and sustain them such as best practices, education in schools
- Public awareness (seniors' guides) and health professionals
- Deal with the triple stigma (Ageing, Dementia, and Mental illness) through Health promotion
- Modify negative reaction toward ageing with tools like Participaction (ParticipAging)

How much money (resource) is involved?

- TBD

When will this happen?

- 12 – 24 months

Discussion notes & other considerations

- See Fountain of Health presentation slides (Appendix B)

Next Steps

The day wrapped up with a few concluding comments from Dr. Rabheru and a commitment to circulate the proceedings of the meeting to participants as well as a short survey to confirm commitment to move this agenda forward together. It was also suggested to:

- Plan follow up meetings with invited partners who were unable to attend the meeting
- Coordinate efforts to influence the negotiations of the new Health Accord
- Convene a meeting in the Fall of 2016 to check in with partners and assess action

Appendix A: Participant List

Forum Planning Committee Members	
<p>David K. Conn, M.B., B.Ch, BAO, FRCPC Vice President of Education & Director, Centre for Education & Knowledge Exchange in Aging, Baycrest Professor, Department of Psychiatry, UofT Co-Chair, Canadian Coalition for Seniors' Mental Health</p>	<p><u>dconn@baycrest.org</u></p>
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Appendix B: Presentation Slides

1.  


Let's be Bold for the Old!
Working together to address seniors' health

May 6, 2016


Dr. David Conn
Dr. Ken LeClair
Co-Chairs

Dr. Kiran Rabheru
Chair, Partnership Committee

Dr. Keri-Leigh Cassidy
Board Member

2. 

How we all want to look at 80+
QoL = safety, health, and happiness

3. 

Getting Old

Ageism Normal Aging

4. **Welcome: Think Big, Think Bold**

- Transformation re: Aging – Fundamental Shift
- Vision for the Day
- Innovation: Low Rules Environment
- Coordination & Integration: Physical & Mental
- Suspend Organizational Attachment
- Blue Sky Thinking – 40,000 Feet
- Short, Medium, Long Term Goals
- Strategic Imperatives – Ground Level

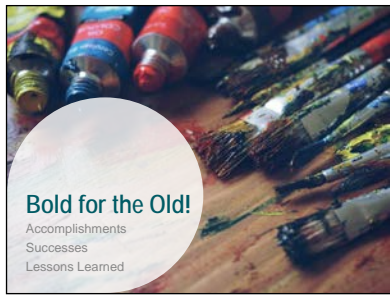
5. **Requirements**

- Multi-sectoral partnership approach
- All levels of governments, policy, resources
- Away from disease based curative models
- Older-person centered, diversity
- System of care across care settings
- Primary care playing a key role

6. **Fig. 1.3. Investment in and return on investment in ageing populations**

Investment	Benefits	Returns
Health systems	Health	Individual well-being
Long term care systems	Skills and knowledge	Workforce participation
Lifelong learning	Mobility	Consumption
Age-friendly environments	Social connectivity	Entrepreneurship and investment
Social protection	Financial security	Innovation
	Personal dignity, safety and security	Social and cultural cohesion
		Social cohesion

Source: adapted from unpublished information from the World Economic Forum's Global Agenda Council on Ageing, 2013.



Bold for the Old!

Accomplishments
Successes
Lessons Learned

7.

With the right help,
you can find hope again.
Avec le bon appui, vous pouvez
retrouver l'espoir.



The Beginning

- CAGP created the Millennium Project - 1999
- National Symposium 2002: Gaps in Mental Health Services for Seniors in LTC Facilities

"To engage all relevant stakeholders in order to identify and implement action plans to improve mental health for seniors living in LTC facilities"

8.

Steering Committee Members

- Alzheimer Society of Canada
- Canadian Academy of Geriatric Psychiatry
- Canadian Association of Social Workers
- Carers Canada (formerly Canadian Caregiver Coalition)
- Canadian Geriatrics Society
- Canadian HealthcareCAN (formerly Canadian Health Care Association)
- Canadian Mental Health Association
- Canadian Gerontological Nurses Association
- Canadian Pensioners Concerned (closed 2016)
- Canadian Psychological Association
- Canadian Society of Consulting Pharmacists
- College of Family Physicians of Canada
- Public Health Agency of Canada (advisor)

9.

Feeling sad and lonely is not a part of aging.
Les sentiments de tristesse et de solitude ne font pas du
processus normal de vieillissement.

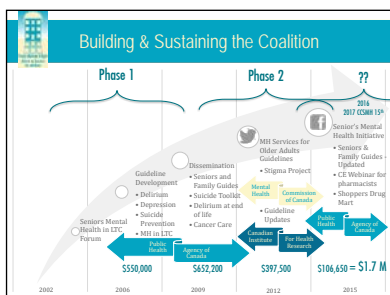


The mission of the CCSMH

is to promote the mental health of seniors
by connecting people, ideas, and resources.

- Education
- Advocacy / Public Awareness
- Research
- Best Practices - Assessment & Treatment
- Family Caregivers
- Human Resources

10.



11.

Partnerships

- ADVOCACY**
 - Canadian Alliance of Mental Illness and Mental Health (CAMIMH)
 - Collaborative for Suicide Prevention, MHCC, PHAC, CASP
- EDUCATION**
 - BrainXchange
 - Yee Hong Geriatric Centre
 - Multicultural Women's Organization of Newfoundland
- RESEARCH RELATIONSHIPS**
 - National Initiative for the Care of the Elderly (NICE)
 - Cognitive Impairment in Aging Partnership, CIHR
 - CIHR - KS Grant, Dr. Seitz - Diagnosing Depression in Dementia (2015-16)
- PENDING RESEARCH**
 - CIHR - KS Grant Proposal, Dr. Meisner - Beliefs on Aging (2016)

12.

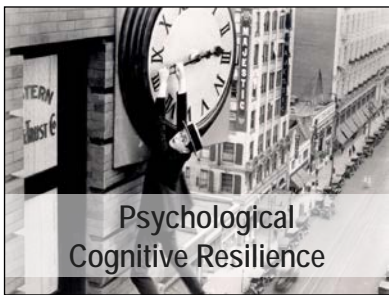


13.



14.

<https://youtu.be/FURi5aHgp1g>



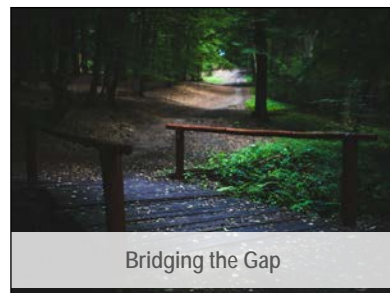
15.



16.



17.



18.

19.

Lessons Learned

- It is a process...
- Seniors and their families are at the centre
- We are better together
- No one organization/disciplinary leads the way
- Practice and policy go hand in hand
- Sharing resources is key – Stone Soup
- Still more work to do
- Optimal aging is the next wave of innovation

20.

Strategic Thinking
"The Voyage"

21.

Our Meeting Map

- Establish Objectives > Outcomes
- Gather data - Interviews > Themes
- Check Objectives vs Themes
- Generate Ideas > Rate ideas
- Establish Priorities, SMART Goals
- Plan of Action: Who is doing What, When, and for How much, Resource & Revenue

22.

40,000 View

- Changing Attitudes
- Community Focused Health & Social Care
- Resources

Other considerations?

23.

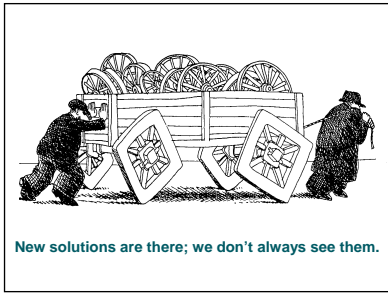
"Some look at things that are, and ask why. I dream of things that never were and ask why not?"

George Bernard Shaw

24.

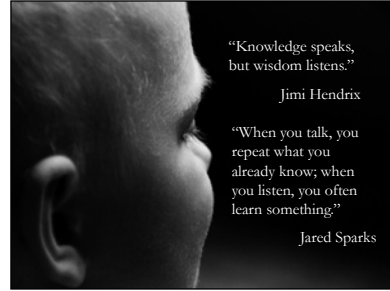
"Rowing harder doesn't make a difference if you're going the wrong way. Insanity is doing things the way we've always done them, and expecting different results."

Albert Einstein



New solutions are there; we don't always see them.

25.



"Knowledge speaks,
but wisdom listens."

Jimi Hendrix

"When you talk, you
repeat what you
already know; when
you listen, you often
learn something."

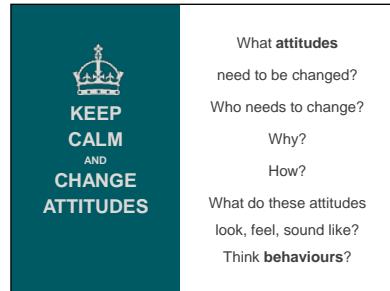
Jared Sparks

26.



My memory really sucks Mildred, so I changed my password to incorrect. That way when I log in with the wrong password, the computer will tell me... "Your password is incorrect."

27.



KEEP
CALM
AND
CHANGE
ATTITUDES

What **attitudes**
need to be changed?
Who needs to change?
Why?
How?
What do these attitudes
look, feel, sound like?
Think **behaviours**?

28.



How do we
**integrate health
and social care**
at all levels (older adults/
family, provider, system)
that is focused
on the needs
of older adults
in the **community**?

29.



What **resources**
do we need?
What do you bring
to the table (assets and
collective capacity)?
What is missing?
Where do we find the
resources we need?

30.

To change attitudes, integrate care, and manage the resources, what is our 'platform for common ground'?



31.



Our Collective Goal

Isn't it wonderful that we don't have to wait another moment to change the world.

- Anne Frank

32.

Bold Questions

- What **attitudes** need to be changed? Why? How? Look like?
- How do we **integrate health and social care** at all levels that is focused on the needs of older adults in the **community**?
- What **resources** do we need? What assets and capacity do you bring to the table? What is missing? Where do we find the resources we need?
- What's our **'platform for common ground'**



33.

Workshop 1 – Exploring New Ideas


- Randomize the group into 3 teams (count 1, 2, 3)
- Each team identifies a scribe/presenter & time keeper
- 10 minutes to expand on each theme (i.e. objective)
- Time keeper marks 5 and 9 minute mark
- Each team moves to next flip chart except the scribe/presenter
- Presenter reviews points to the new team and then rejoins her/his team
- Repeat process 3 times

34.

Action Plans

Deliverables/SMART GOAL:

1. Elect Chair & Scribe
2. Scribe: Discussion notes
3. W5 Who, What, Why When, hoW much Resources & Revenue
4. By 3:30 PM Chair presents PoA (10 mins)



35.

SMART Goals
OBJECTIVE CLEARLY STATED

Goal #1: To obtain

Accountability: Executive
Timeline: 1 year

Goal #2: To build

Accountability: Director
Timeline: Dec 2016

Resources or Additional Capacities Required:
A Committee within....
A Meeting with....

Key discussion points:
1. There is an opportunity for the
2.

- ✓ Specific
- ✓ Measurable
- ✓ Actionable
- ✓ Relevant
- ✓ Timely

36.

Appendix C: Secondary themes from interviews

The attendees identified other important issues that should be addressed including:

1. GUIDELINES: The CCSMH/CAGP does excellent work on the development, dissemination and utilization of the National Guidelines for Seniors Mental Health. The Guidelines are seen as particularly useful for specialist in community hospitals that are dealing with patients with acute mental health issues. It seems there is more work to be done on uptake and measureable behaviour change. Another suggestion is adapting the Guidelines for a family medicine setting.

2. PREVENTION & HEALTH PROMOTION: There is regular mention on the need to improve our health habits earlier to achieve best health outcomes later in life. Increased physical activity throughout life promotes social inclusion, long term wellness and independence, and cognitive health. This is a conversation about changing behaviour to delay or minimize the impact of chronic diseases in later life (i.e. primary prevention). What about the other health promotion domains, such as reorienting health services, public policy, supportive environments, and community action?

3. EDUCATION: Of course, one of the best instruments for behaviour change is education and professional development of all stakeholders - be it the patient, the health/ social care provider, the family physician and specialist.

4. MEASUREMENT: "Should you do it if you can't measure it?" The need and benefits of comprehensive measurement and impact assessment are obvious but sometime after the fact.

For more information:

www.ccsmh.ca

www.cagp.ca



Canadian Coalition for Seniors' Mental Health

To promote seniors' mental health by connecting people, ideas and resources.

Coalition Canadienne pour la Santé Mentale des Personnes Âgées

Promouvoir la santé mentale des personnes âgées en reliant les personnes, les idées et les ressources.



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