



Gaps in mental health services for seniors

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In the January 2002 issue of *Canadian Family Physician*,¹ I informed readers about the National Symposium on Mental Health for Seniors in Long-Term Care facilities (LTC). The conference was held April 28 and 29, 2002, in Toronto, Ont, with representatives from more than 65 professional and non-professional organizations. I represented the College of Family Physicians of Canada on the steering committee and at the symposium itself. Since the meeting, many people have been busy working on projects arising from the Symposium.

The agenda for the 2-day event was set by participants, who facilitated and directed their own small groups to discuss issues that they felt were most important. The first day was devoted to identifying issues and brainstorming. The second day, people chose groups, planned for working groups, and developed long-term strategies. Participants were expected to have ongoing participation in some of these activities.

Eight main topics were identified and discussed in small groups:

- education of health care providers,
- research,
- advocacy and public awareness,
- human resources (recruitment and retention),
- assessment and treatment,
- involvement of family caregivers in care,
- environments and programs to promote mental health, and
- development of a national coalition for seniors' mental health in LTC.

On the second day, I chaired the Human Resources Group, as human resources is a major issue for family medicine, for LTC, and for our aging society. I also participated in action planning for a national coalition, which

was viewed by participants as the central issue during the Symposium. The Canadian Coalition for Seniors' Mental Health (CCSMH) has operated since the summer of 2002 under the guidance of Co-Chairs Dr David Conn and Dr Ken Leclair from Geriatric Psychiatry. The CCSMH's mandate is to promote mental health for older people by connecting people, ideas, and resources. The initial phase will focus on seniors in LTC facilities. Further information can be obtained from the CCSMH website at <http://www.ccsmh.ca>.

In addition to advocacy and collaboration, the CCSMH is expected to have a central role in developing and implementing action plans developed at the Symposium. Much work remains to be done in all areas of the CCSMH's mandate. We are developing a survey of Canadian family physicians working in LTC to clarify factors related to retention and recruitment. We have submitted a list of suggestions to the College of Family Physicians of Canada about human resources, research, and education. Many family physicians are already trying to improve the human resource crisis using such strategies as lobbying provincial medical associations to develop sections for LTC physicians. The CCSMH hopes to assist in these endeavours when possible.

We need the involvement of front-line family physicians who have ideas to improve the quality of life for seniors in LTC and the working lives of care providers. Please contact me at frankc@pccchealth.org or at St Mary's of the Lake Hospital, 340 Union St, Kingston, ON K7L 5A2, to provide input or to participate in the CCSMH's work. Reports of each of the working groups can be provided upon request. ♦

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