

Aged Care Psychiatry Services Prince of Wales Hospital



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Stigma and Ageism

- Difficulties an older person copes with, sometimes on a regular basis, as they go about their daily lives.
- Ageism is an insidious negative attitude held by others about being old and getting older.
- Unless stigma is confronted and challenged, it will continue to be a major barrier to the treatment of mental illnesses.

The Older Person

Put a crinkle in your wrinkle!

Most older people are resilient, adapt well to change and report high rates of life satisfaction

Recovery, enablement and improved quality of life do not diminish with age.



Betty White, 90 years old

Older People and Mental Illness

Warning signs of psychiatric disturbance in the elderly

- Self-neglect
- Sudden onset or escalation in confusion
- Any self-harming behaviour
- Persistent somatic complaints without organic basis
- Persistent requests for hypnotic medication
- Exhaustion of carers
- Repeated complaints by neighbours or the police

Hall and Hassett

Older people often do not talk about feeling depressed or anxious, they are more likely to present with somatic complaints and may resist services and help.

Mental Health / Community Services Partnerships

Barriers to the Receipt of Needed Services for Older People with a Serious Mental Illness

Organisational

- Mental health services commonly geared to younger people
- Lack of age appropriate services
- Poor coordination of mental health, health and aged services

Financial

- Low income

Attitudinal

- Depression, anxiety, and cognitive impairment are often viewed as normal symptom of ageing

Educational

- The perception that older adults are noncompliant, uninteresting, and inappropriate for treatment also increases providers' reluctance to work with this population
- The dearth of staff trained in geriatrics has been cited as a key reason for the underutilization of community-based mental health service by older adults

Effective Community Services for Older People with Mental Illness Requires:

- On going Mental Health education and training for Aged Care Community Service providers to assist in the identification and management of symptoms, behaviours and risk factors associated with mental illness.
- Services that accommodate the episodic nature of mental illness, = flexible in terms of level of care, hours, staff rostering, intervention strategies and funding.
- A transitional component for stabilising older patients in the community post discharge from psychiatric inpatient units.
- A focus on socialisation and engagement in the community, reduce isolation and stigma.
- Medication management.
- Coordination/partnerships of service providers, such as Dept of Housing, Primary Health Care, Mental Health Services, Aged Care Services and Guardians/Persons Responsible.
- Support for the carers of older people with a mental illness, regardless of age of the carer.

Recovery & The 10 Essential Shared Capabilities

Recovery and Wellbeing Principles

- Respect
- Communication
- Individual Care
- Self-direction / Control
- Hope
- Empowerment & Choice
- Focus on the Whole Life
- Access to Wellness

Kevin Sole

**Strategic Lead – Mental Health Care of
Older People's Services**

**North East London Mental Health NHS
Trust**

10 Essential Shared Capabilities

- Working in Partnership
- Respecting Diversity
- Practicing Equality
- Challenging Equality
- Promoting Recovery
- Identifying People's Needs & Strengths
- Providing User Centred Care
- Making a Difference
- Promoting Safety & Positive Risk Taking
- Personal Development & Learning

The common presentations of psychiatric disorder in late life are dementia, depression and anxiety

Risk factors for depression and anxiety include:

- Family history or past episodes of depression
- Bereavement
- Social isolation
- Loss of independence
- Pain and physical illness
- Poor mobility, falls
- Sensory impairment
- Alcohol and benzodiazepines abuse
- Change in accommodation
- Cognitive decline
- Financial or accommodation insecurity



Common Behavioural Symptoms

- Anxiety
- Agitation
- Resistance to care
- Restlessness
- Physical and verbal aggression
- Screaming/calling out
- Delusions
- Hallucinations
- Wandering
- Withdrawal
- Disturbances of mood
- Sexually inappropriate behaviour
- Apathy

**Aged Care
Psychiatry Services**

Euroa Centre,
POWH
9382 3753

**Aged Care
Assessment Team**

(ACAT)

9369 0400

Mental Health Line

The Mental Health
Line is a 24-hour
telephone service
operating seven
days a week across
NSW

FRECALL

1800 011 511

**Dementia
Behaviour
Management
Services**

(DBMAS)

24 Hour Helpline

<http://dbmas.org.au>

1800 699 799

Prince of Wales Hospital Randwick Campus



Health
South Eastern Sydney
Local Health District



**Aged Care Psychiatry Services
Prince of Wales Hospital**

OUTPATIENT SERVICES

P:9382 3753

F:9382 3762

www.seslhd.health.nsw.gov.au/ACP

We provide mental health services to -

- Residents over 65 years of age, living in the Eastern Suburbs
- Older persons with mental health disorders with onset before age 65 who develop age-related comorbidities or have not had specialist mental health care for a significant period for some years
- Persons with onset of cognitive disorders before the age of 65

Types of problems managed by Aged Care Psychiatry Services

Anxiety

Depression

Grief

Mood disorders

Psychosis

Cognitive disorders and dementia

Behavioural and Psychological Symptoms of Dementia (BPSD)



Core activities

Multidisciplinary assessment, diagnosis and management of late life mental disorders

Inpatient and outpatient services
Residential aged care and community outreach

Memory Disorders Clinic

Behavioural Assessment Intervention and Services (BASIS)

Education and Research

Our Team

Old Age Psychiatrists

Welfare Officer

Specialist old age mental health nurses

Social Workers

Clinical psychologists and neuropsychologists

Occupational Therapists

Diversional Therapist

Admin Staff

We receive referrals from

Local Medical Officers

Medical Specialists

Primary and Allied Health

Community Service Providers

Residential Aged Care Facilities

Whilst we accept referrals from all health care professionals, we prefer that a referral be obtained from the patient's GP.

Referral to Aged Care Psychiatry Services

Please call 9382 3753
(8:30am to 16:45pm - Mondays to Fridays)

Following the referral, an Intake Officer will contact the referee to determine the urgency and the most appropriate type of assessment needed

We are not a crisis service

In case of an emergency, please contact your local doctor, the Emergency Department or call the NSW Mental Health Line (24 hour service)
1800 011 511

Who are our Clients

- Persons with psychiatric disorders presenting for the first time in old age (usually 65 years and over) or where there has been a significant gap (e.g. more than five years) between previous care from mainstream services and the persons current presentation.
- Younger persons with chronic or recurrent psychiatric disorders who develop age-related health problems.
- Patients with organic mental disorders with significant behavioural or psychiatric complications.
- Older persons for diagnostic assessment of organic mental disorders aged 65 years or more (or for persons with age-related conditions such as dementia at any age).

Area Serviced

- Catchment area South East Sydney Local Hospital District Mental Health Services
- Randwick, Botany, Waverley and certain areas of Woollahra and South Sydney
- Tertiary specialist referrals accepted for Memory Disorders Clinic

Profile

- Six bed acute inpatient unit – The Euroa Centre, POWH.
- Outpatient clinic and non-acute community outreach services for people over 65 years who have a psychological disorder and/or mental illness.
- Assessment and management of people with dementia, including BPSD (Behavioural and Psychological Symptoms of Dementia).
- Provide liaison, information and education to Health Care Workers, Aged Care Community Services, Residential Care Facilities and NGOs involved in the care of the elderly.

Multidisciplinary Team

- Psychogeriatricians
- Registered Nurses and Clinical Nurse Consultants
- Psychologists
- Welfare Officer
- Social Workers
- Occupational Therapists
- Diversional Therapist
- Admin Staff

Services Provided Inpatient and Community

- Assessment and treatment of mental health and cognitive problems
- Multi-disciplinary Outreach and Community Service referrals
- Mental Health support to Community & Residential Aged Care Providers
- COPE Psychiatric Community Nursing Service
- Carer Support, Community Education and Advocacy
- BASIS service (Behavioural Assessment and Intervention Service for BPSD)
- Memory Disorders Clinic
- Outpatient service
- Wellbeing Group

Services NOT Provided

- Routine neuropsychological or ADAS-Cog assessments
- Medico-legal assessments
- Long term case management

Behaviour Management Services

- BASIS – Behavioural Assessment and Intervention Services. Funded by the NSW Government (to Specialist Mental Health Services for Older people)
- Assist with the management of BPSD (Behavioural and Psychological Symptoms of Dementia), within the community and in Residential Aged Care Facilities.
- Dementia Behaviour Management advice to RACFs and other community organisations are directed to Hammond Care – DBMAS, Funded by the Dept of Health and Aged Care

Intervention (BASIS)

- Assessment of behaviour pattern
- Identification of medical, psychological, environmental and social factors contributing to behaviours
- Formulation of behavioural strategies/plan
- Liaison with GP
- Clinical support, information and advice
- Care planning, case conferences and short term management/review

Working in Partnership

- Common aims
 - Advice and consultancy (trouble shooting)
 - Joint Assessments and home visits
 - Collaborative care planning
 - Mutual support
 - Education
 - Advocacy

Who Can Refer

Any health worker, family member or
the elderly person themselves

GP reviews/agreement for referral is recommended

All referrals are non-acute

9382 3753

Referrals are discussed at intake meetings
→ referred to appropriate clinician or service