Older Persons Mental Health Community







Who does OPMHC service?

Eligibility Criteria

- •(+65) with MH diagnosis or (55+) for Aboriginal or Torres strait islander clients.
- Co-morbid diagnoses/ complex mental health, secondary MH concerns related to the dementia processes
- Living in the Gold Coast catchment with stable accommodation
- •Consenting to the referral, it's a voluntary service.





Who doesn't OPMHC Service?

Unsuitable Referrals

- •Clients that have primary dementia diagnosis and behaviours directly related to a dementia process
- Acute mental health concerns that would be better fitted to the acute services, because of time frames and risk.
- •Clients requiring therapy based interventions that may be better suited to private services, psychology, psychiatry and social groups.





General Statistics

<u>Team size:</u> 8 clinicians, 2 Psychiatrist

Service area: Kirra to Ormeau

Referrals from: Interstate, Inpatient MH units, GP, RACFs, NGO, Other

QLD health services and ED

Currently: 175 clients currently open to this service

Approximately between 180-200 referrals for 2023

Points to note:

Waitlist for assessment range 2-4 weeks Frequency of case management visits range 2-4 weekly Medical reviews as indicated

Gold Coast Health
Building a healthier community



Dementia Related Neuropsychiatric Concerns

Is covered by OPMHC services in most states.. Except QLD

Often there is confusion about what is Mental health and what is Dementia.

Some similar dementia related behaviours include:

Apathy and amotivation, agitation and confusion, decreased appetite, dysregulated sleep –

- if acute change in presentation, please consider screening for delirium
- GP involvement for assessment, screening, treatment optimisation

When does it need mental health input?:

If neuropsychiatric symptoms progress in severity e.g. significant neurovegetative disturbances, reversed sleep wake cycle, increased psychotic phenomena/paranoia and acting out on these delusions/hallucinations

- suitable for review by OPMHC in collaboration with GP +/- Geriatric services to co-manage symptoms of concerns



Example scenarios

Susan 65YO F:

Primary dementia in a dementia locked unit, medication noncompliance, agitated, crying, labile, confused – *Suited for Dementia Services*

Brian 75YO M:

Was coming out for meals, now not eating much, not socialising or going to happy hour, Appears low in mood- reports he "lost his spark", seen crying —GP review to determine if medication necessary — worth contacting the psychiatry GP line for recommendations

Barry 67 YO M:

Longstanding Dx of paranoid Schizophrenia, now believes that food is poisoned and residents are going to kill him – infection screens come back clear, compliant with psychotropic medications – suitable for referral to OPMHC however if becomes increasingly distressed (not eating, aggressive due to delusions)– for referral to ACT or ED presentation

Lucy 80YO F:

Low mood, not eating, disrupted sleep routine, expressing helpless themes, refusing medications, expressing wish to die with plan, seen by kitchen staff to be hiding knives post meals – referral to ACT or present to ED





RISK

Suicide or Self Harm Risks:

- What has changed? New behaviours, refusal of medication, increased paranoia or agitation, hopeless/helpless themes
- What are the acute MH concerns? Increased delusions/ hallucinations – not redirectable/ increased suicidality – with plan & intent (intent is high chance of actioning) this) Impulsivity, previous self harm or suicide attempts
- Neurovegetative symptoms/changes? Sleep changes, changes to oral intake, Changes in energy/ motivation, low mood
- What has been tried? Psychology, medication changes

Example questions to ask for suicide risk:

- Have you ever tried to end your life in the past?
- · Have you been thinking of ending your life?
- What have you thought of doing to end your life?
- Do you have access to anything you would use to end your life?
- What are your protective factors (family/ religious)

Calling the ACT:

Situation: with resident – name, DOB, address **Background:** Past MH history, current medication, current situation/changes (Neurovege symptoms) – timeframes

Assessment: What you have done – RV? Medication changes, reduced access to lethal means, increased staffing, can this continue? Has it helped?

Recommendation: medication review, assessment, admission for stabilisation

Safety:

- Reduce access to means: including sharp items, potential ligatures (e.g. cords, belts, shoelaces, ropes, bags) medication.
- Increase frequency of monitoring by staff and if waiting for an ambulance, try if feasible to stay with the person
- GP to consider PRN medication for agitation and acute phase of illness





RACF Mental Health Workflow

- Manic (changes in sleep/ eating/ uninterruptable speech)
 Actively delusional/ paranoid/ hallucinating
 - -Suicidal thoughts/ attempted suicide/ OD/ laceration
- -Reports low mood, wishing they didn't wake up, teary/ anxious
 - -Changes to sleep, mood, oral intake, isolating

Person Needing MH Support

?Are there any risks - Self/ Others

- -Do they have a mental health diagnosis? (Past History)
- -Do they have access to PRN medication to aid in settling?
- -Have they had an infection screen-bloods and urine testing?
- -Has medication been commenced by the GP to aid mood or behaviour ?
- -Do they have access to lethal means e.g. sharps, medications?
- -If the person is anxious, situational crisis, depressed, would they benefit from a GP review and change futures referral?
- -Do they have command hallucinators or significant distress?
- What is this persons baseline how different is the current picture

Management/Decision Making

No Immediate Risk - Requires action but not urgently

If the person is: depressed and suicidal, or manic with changes to sleep and eating but not at immediate risk, delusional but redirectable and not distressed

-GP Review

-Call ACT on 1300 642 255

-ACT can refer to CSU in Robinal for assessment

(To be eligible for CSU they need to be able to mobilise, have no ⊞x of aggression and are not needing to be medically cleared in ED)

ACT/ CSU

Acute/Imminent Risks- unable to be managed at RACF

-Suicidal with plan/ Overdose has been taken/ self harm with intent to end life

-Suspected delirium

-Hallucinating/ agitated —unable to be redirected and at risk of harm to self of others

-Do not leave client person alone while <u>awaitinα</u> for the ambulance (if safe to do so.)

000 (Emergency Department)

Can be safely managed at RACF- No Risk

 -Not requiring immediate assessment and support, though has increasing concerns that cannot be managed by GP and psychiatry phone support line

> -Change Futures -GP/Psychiatry phone service line -Older Persons Mental Health Community

Referral Form

- 13				_							
Queensland Government		(Affix identification labe	el here)		Queensland Government			(Affix identificatio	n label h	ere)	
	URN:				Value -		URN:				
Gold Coast Health	Family name:				Gold Coast Health	NTAL	Family name:				
OLDER PERSONS MENTAL HEALTH COMMUNITY REFERRAL	Given name(s):				OLDER PERSONS ME HEALTH COMMUNITY RE		Given name(s):				
TILALITI COMMONITI KEPEKKAL	Address:				TIERETTI GOMMONTT IN	LITTOLE	Address:				
Facility:	Date of birth:	Sex:	□M □F □I		Facility:		Date of birth:		Sex:	■ M	F 🔲 I
This form is for use by non-mental health services	s, for example, (SP and medical wards.			Presenting problems (mental healt	concerns and ca	ase management need	ds? Mood, delusion	s, hallud	inations)	
For acute risk concerns please call the Acute Care	e Team on 130	0 64 2255, if risk is immi	nent call 000.								
For primary dementia diagnostic screening please Alternatively for specialist dementia care please c	contact the Co	gnitive Disorders Clinic a Outreach Service or D	via GP smart referral. ementia Australia.								
Consumer details					Past psychiatric history (previous	diit-l	I been the extension of the				
Phone:	Mobile:				Past psychiatric firstory (previous	ulagriosis, mentai	rieauri auriissioris, ai	conor and other ore	iys mx, į	ast trialled p	sychotropics)
Country of origin:	Language:	AT	rsi:								
Next of kin / Significant other details											
Name:					Past medical history						
Address:					. act medical motory						
Phone:	Relatio	nship to patient:									
Substitute decision maker: Yes No (if)											
				6							
				DER	Relevant physical findings (include	ling sight and hea	ring impairment)				
GP referrer details				PE							
Name:				RSONS							
Clinic name:				2							
Address:					Current medications						
Phone: Fax:				MENTAL							
Referral requirements (please attach any additional information that will be of assistance)											
Is patient aware of referral? Yes No											
Does patient agree? Yes No				ΗE	Relevant investigation results (in	cluding cognitive	assessment, patholog	y, medical imaging	, MSU)		
Risk factors / Alerts (allergies, vulnerability, falls, absconding from premises, violence, suicide, dangerous pets, access to weapons, lethal drugs, access to property etc.)				ALTH							
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				COMMUNITY	Current supports (ACAT completed	Private psycholo	ogist, private psychiatr	ist, last seen, other	agencie	s involved?)	
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				FERRA	Name (print):		D	esignation:			
				R	Signature:		D	ate:/		_	
				F		Older Persons	Mental Health Co	ommunity			
					Telephone: 07 5635 7000	Fax: 07 5635	7099 E	mail: OPMHC@	health.	gld.gov.au	



Queensland	(Affix identification label here)								
Government	URN:								
Gold Coast Health	Family name:								
OLDER PERSONS MENTAL	Given name(s):								
HEALTH COMMUNITY REFERRAL	Address:								
Facility:	Date of birth: Sex: M F I								
Presenting problems (mental health concerns and c	case management needs? Mood, delusions, hallucinations)								
Past psychiatric history (previous diagnosis, mental health admissions, alcohol and other drugs Hx, past trialled psychotropics)									
Past medical history									
Relevant physical findings (including sight and hearing impairment)									
Current medications									
Relevant investigation results (including cognitive	e assessment, pathology, medical imaging, MSU)								
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Current supports (ACAT completed? Private psychologist, private psychiatrist, last seen, other agencies involved?)									
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Name (print):	Designation:								
Signature:	Date:/								
Older Persons Mental Health Community									
Telephone: 07 5635 7000 Fax: 07 5639	5 7099 Email: OPMHC@health old gov au								

Current concerns and mood disturbances:
e.g changes to sleep, oral intake, mood,
stopping going to groups, medication non
compliance, bizarre behaviours, how long
has this been occurring, what has been
tried to assist

Previous MH diagnosis, when was this diagnosis and by who?

Prior to referral: please ensure relevant screening has been completed.

 Specifically infection screening (bloods, urine) and cognitive.

Send this information with the referral as required.

Please include what has been trialled : e.g. medications, therapies, assessments





Other Services Available

Acute care team (ACT)

1300 642 255

For acute risk and immediate support 24/7

GP Psychiatry Support Line

1800 16 17 18

Free phone-in service exclusively for GPs, where you can talk directly with a qualified psychiatrist to help manage the mental health care of your patients.

You can call seeking information and advice about specific cases or just make some general enquiries.

Advice includes, but is not limited to, diagnosis, medication, investigation, treatment pathways and safety planning.

7am until 7pm (AEST), Monday to Friday (not public holidays)

Change futures

Counselling and adjustment, therapy based with flexible service provisions

Referral can be completed online with minimal waitlists

Dementia Services Australia hotline

1800 100 500 For Immediate support 24/7

Older Persons Mental Health Community

Non-acute MH support that the person is consenting to Mon- Fri (not public holidays) 8:30am - 5pm

PH: 5635 7000

Fax: 5635 7099





