

**Mental Health
Professionals
Network Ltd**

Tel. 03 8662 6600

Fax. 03 9639 8936

Addr. Emirates House,
Level 8, 251-257 Collins St
Melbourne VIC 3000

Email. info@mhpn.com.au

Web. mhpn.org.au



Webinar

Supporting the Mental Health of Older People Living in the Community

Tuesday, 26th May 2015

"Working together. Working better."

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

This webinar is presented by  **mhpn**
Mental Health Professionals' Network

Tonight's panel



Ms Sharon Leigh-Hazell
Carer and Carer's
Advocate (ACT)



A/Prof Morton Rawlin
GP (VIC)



Ms Julie Bajic
Psychologist (NSW)



Prof Henry Brodaty
Psychiatrist (NSW)

Facilitator



Dr Michael Murray
GP and Medical Educator (QLD)

Ground Rules



To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your comments and questions for panellists in the 'general chat' box. For help with technical issues, post in the 'technical help' chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists. Please keep all comments on topic.
- If you would like to hide the chat, click the small down-arrow at the top of the chatbox.
- Your feedback is important. Please complete the short exit survey which will appear as a pop up when you exit the webinar.

Learning Outcomes



Through an exploration of Eddie's experience, the webinar will provide participants with the opportunity to:

- Recognise the key principles of the featured disciplines' approach in screening and assessing the mental health of older people living in the community
- Understand how different practitioners can intervene to support older people living in the community, thereby improving mental health outcomes
- Identify challenges to, and opportunities for collaboration that may emerge as practitioners from different disciplines work together to support Eddie

Carer Perspective



- Carers don't always know they are carers
- Changes in an older person can go undetected by the family
- Potential for conflict between
 - the older person and carer
 - the carer and other support people
 - the carer and medical teams



Ms Sharon
Leigh-Hazell

Carer Perspective



- What does the older person with a mental health condition need?
 - Dignity and sense of control
 - Access to services and support
 - physical and mental health services
 - home and personal care
 - disability and communication aids
 - social outlets
 - housing
- Sometimes the older person underestimates their need
 - don't want to be a burden
 - retain independence



Ms Sharon
Leigh-Hazell

Carer Perspective



- Carer burden
 - emotional
 - financial
 - work/family/caring balance
 - mental health
- Carers don't always know what questions to ask



**Ms Sharon
Leigh-Hazell**

Carer Perspective



- What does the carer need?
 - aware of rights and responsibilities
 - sense of control and understanding
 - appropriate and open communication
 - assessment of carer needs by health professionals
 - financial support
 - carer organisations and counselling services



**Ms Sharon
Leigh-Hazell**

Carer Perspective



- Discharge planning
- Physical vs mental health care
- Impact of change on the older person
 - changes in medication
 - injuries and illness
 - grief and loss



**Ms Sharon
Leigh-Hazell**

GP Perspective



What the GP brings

- Coordination of information
- Primary point of contact
- Encourage and facilitate discussion for the patient and family
- Be aware of the extended family and what they may be experiencing



**A/Prof Morton
Rawlin**

GP Perspective



- Exclude and classify medical issues
- Commence treatment
- Decide on what services might be needed
- Assist with access for services
- Be there to inform and try to remove personal and family barriers



A/Prof Morton
Rawlin

GP Perspective



- Be aware of the legalities of the situation
- Ensure the line between safety and patient wishes discussed
- Encourage appropriate discussions with carers, family and the individual involved



A/Prof Morton
Rawlin

Psychologist Perspective



Defining Depression in Older People

- Symptoms present across four domains:
 - Feeling – irritable, overwhelmed and lacking confidence, reports anxiety
 - Physical – appetite changes, weight loss, reports of pain/multiple physical symptoms
 - Behavioural – not doing usually enjoyable activities, slowing down in movement
 - Thinking – memory problems, negative thinking patterns



Ms Julie Bajic

Psychologist Perspective



Risk Factors

Ageing in itself is not a risk factor

However, risks increase with

- Social isolation
- Grief and loss
- Changes in living arrangements
- Chronic illness
- Chronic pain
- Dementia



Ms Julie Bajic

Psychologist Perspective



Important Factors

- Prevalence of depression in older people in the community (10-30%)
- Screening for dementia
- Difficulty in identifying depression in dementia
- People with Alzheimer's disease and vascular dementia are at the greatest risk and can have the most disabling depression
- Older men 85+ have the highest suicide rates in the population.



Ms Julie Bajic

Psychologist Perspective



Screening Depression in Older People

- Geriatric Depression Scale (GDS)
- Geriatric Anxiety Inventory (GAI)
- Cornell Scale for Depression in Dementia (CSDD)
- Brief Assessment Schedule Depression Cards (BASDC)



Ms Julie Bajic

Psychologist Perspective



Treatment

- Effective treatment options exist for older adults
- Older people respond well to Cognitive Behavioural Therapy (CBT) and Interpersonal Therapy (IPT)
- Psychosocial interventions can improve wellbeing and can be effective for depression in older people



Ms Julie Bajic

Psychiatrist Perspective



Eddie's symptoms of depression

- Irritable, complaining
- Loss of interest (birdwatching)
- Social withdrawal (fellow twitchers)
- Not eating meals
- Dog neglected
- Restless at night, agitated (in hospital)



Prof Henry Brodaty

Psychiatrist Perspective

Late onset depression?

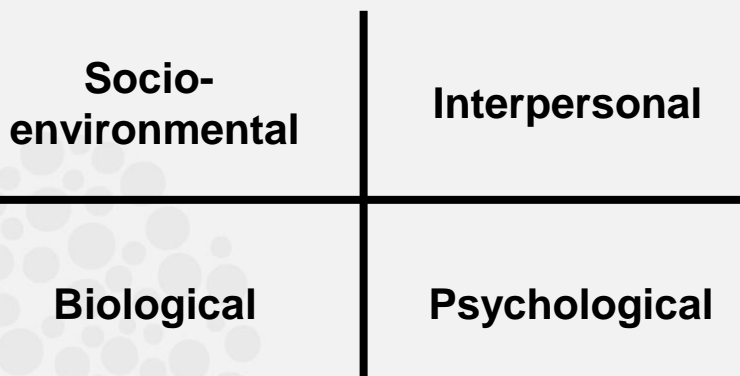
- Early onset?
 - Past psychiatric history
 - Family history of psychiatric illness
 - Alcohol and drug history
- Late onset, consider causes
 - Neurological disorder eg AD, Vascular, Parkinson's
 - Tumour, Calcium ↑, B12 ↓, infection, thyroid ↓, drugs



Prof Henry Brodaty

Psychiatrist Perspective

The bio-psycho-social framework



Prof Henry Brodaty

Psychiatrist Perspective

Aetiological map

Socio-environmental

- Loss of role
- Social withdrawal

Interpersonal

- Loss of support/partner
- Daughters in Adelaide

Biological

- Pain
- Fall, head injury??
- Medication??
- Early dementia??
- Secondary depression

Psychological

- Grief: Anger, guilt
- Loneliness



Prof Henry
Brodaty

Psychiatrist Perspective

Next steps assessment

- Corroborative history (daughters, aunt)
 - Relationship with wife – Dependent? Conflicted?
- Physical and cognitive examination (MMSE + clock)
- Weight
- Check UEC, LFTs, Ca++, FBC, thyroid, B12, folate, Vit D?
- Risk assessment – any thoughts of death? Alcohol?
- Religious practice
- Build relationship with Eddie; explore his feelings
- Cause of pain



Prof Henry
Brodaty

Psychiatrist Perspective

Depression vs Dementia

- History weeks
- Memory patchy, concentration ↓
- Past psych history +ve
- Depressed mood ++
- Vegetative features of depression
 - EMW, DMV, weight ↓↓
- Cog test – gives up easily
- History months / years
- > Short-term memory ↓
- Past psych history -ve
- Depression varies
- More confused in evening
- Cog test – delights if ✓

May have both: depression AND dementia



Prof Henry Brodaty

Psychiatrist Perspective

Management plan

- Partnership
 - GP
 - Community services
 - Family
 - Patient (at centre)
- Timing important
 - E.g. he needs to ventilate and deal with grief before trying to re-engage
 - Antidepressants are second line
- When to refer?



Prof Henry Brodaty

Psychiatrist Perspective

Management map (timing)

Socio-environmental

- Community supports
- Collaborate with aunt
- Step-wise re-engagement
- Pleasurable activity schedule

Interpersonal

- Son may need advice on how to support Eddie
- Daughters might invite him to stay with them in Adelaide or come to stay at home

Biological

- Relieve Pain
- Correct abnormal Nutrition
- Antidepressant (not 1st)

Psychological

- Grief counselling
- Continued support



Prof Henry Brodaty

Thank you for your participation



- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued within two weeks.
- Each participant will be sent a link to online resources associated with this webinar within two to three business days.
- Our next webinar will be **Supporting the Wellbeing of People Experiencing a Trauma Response**, Tuesday 2nd June 2015 AEST. Register at <http://bit.ly/1A9bcu0>



Are you interested in leading a face-to-face network of mental health professionals in your local area?

MHPN can support you to do so.

Please fill out the relevant section in the exit survey. MHPN will follow up with you directly.

For more information about MHPN networks and online activities, visit www.mhpnp.org.au

**Thank you for your contribution and
participation**