Metro South Addiction and Mental Health Services

Clinical Service Plan
Older Adult Academic Clinical Unit
Older Adult Mental Health

The Older Adult Academic Clinical Unit (ACU) provides specialist assessment and treatment for consumers over 65 years of age who experience severe and complex mental health problems especially those with complications of ageing.

Community, inpatient and extended treatment services are available according to assessed needs. Contemporary evidenced-based interventions are delivered either by structured program or care coordination.

Our plan

This clinical service plan has been written to outline the services provided by the Older Adult ACU in Metro South for consumers, carers, families, services and the general community.

It describes the service provision, where the service is provided, how to access the service and what can be expected if you are treated by one of the specialty mental health teams in Metro South.

Our vision

To provide culturally competent, holistic and wellness focused services that promote and support the social and emotional wellbeing of older consumers and carers.

Our mission

To meet the healthcare needs of older adults who require psychiatric expertise at a higher level than customarily found in primary care and is unavailable to them through private funding.
**Our strategic objectives for 2014-2017**

The Older Adult ACU has identified the following key strategic objectives to achieve in the next three years. These support the Metro South Addiction and Mental Health Service’s four strategic priorities.

1. **Better outcomes for consumers, families, carers and the community**
   - Ensure the provision of services are timely, equitable, accessible and appropriate

2. **A partnership approach - linking and engaging with our community**
   - Services are delivered through collaboration, consultation and integration

3. **Accountability and confidence in our health system**
   - Ensuring clinical care is supported by an organisational framework that is based accountable corporate and clinical governance

4. **Excellence in clinical care, education and research**
   - Support an organisational culture that promotes integrated care through research and education for evidence best practice care

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### Older Adult Academic Clinical Unit

**Strategic Objectives 2014-2017**

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<tr>
<th>Strategic objectives</th>
<th>Key strategies</th>
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| 1. Ensure consistency of clinical service delivery across three localities in Metro South | ▪ Improve clinical review process to ensure effective and efficient use of resources  
▪ Increase the effectiveness of available information to inform clinical care and use of resources  
▪ Increased use of standardised measurements to improve decision making and communication within the ACU and other service providers  
▪ Increase the use of care pathways for Primary Care and Aged Care and across ACUs to improve efficiency, appropriateness and timeliness of intervention |
| 2. Improved clarity of roles to guide orientation, workforce development and improve service delivery | ▪ Ensure that all role descriptions are standardised across the teams  
▪ Ensure that every new starter to the service is orientated to the model of service and service expectations |
| 3 Develop innovative models of care that address future challenges such as our ageing population | Look at new technologies to facilitate best practice care |
| Look at running services outside of normal hours |

**Current identified risk/barriers in providing optimal care for our aging population:**
- For the predicted ageing population there are insufficient resources to meet the service demand and support for non-mental health age care sector
- Availability, skills and mental health literacy of aged care facilities
- Experience and skill of non-government care providers
- Differing staff competencies across the three sites within the Older Adult ACU
- Lack of flexible assessment settings that are family friendly (e.g. preclude working adults from assisting parents).

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**Our service delivery**

The Older Adult ACU has a strong focus on providing a range of evidence-based treatments and facilitates access to a range of psychological treatments and support programs tailored to individual need.

The Older Adult ACU provides services at the following sites:

- **Inpatient Services**
  - Grevillea Place at Princess Alexandra Hospital – specialised unit for older adults
  - Our clients are also admitted to Adult Psychiatric Units at Princess Alexandra, Logan and Redland Hospitals

- **Residential Care**
  - Daintree Ward, part of Redlands Residential Care is a 16-bed specialist aged care facility - the Older Adult ACU provides consultation and liaison support to the clinical team at Daintree

- **Outpatient/Community Services**
  Home-based services are available throughout the catchment. Outpatient clinics are run at:
  - Logan Central
  - Beenleigh
  - Woolloongabba
  - Princess Alexandra Hospital
  - Cleveland
  - Wynnum.
The Older Adult ACU comprises a multidisciplinary team of skilled professionals from the backgrounds of:

- Administration
- Allied Health (usually Social Workers, Occupational Therapists and Psychologists)
- Nursing
- Consultant Psychiatrists
- Other doctors who are usually specialists in training (Registrars).

**Our service partners**

Metro South Addiction and Mental Health Services acknowledge effective clinician engagement and successful partnerships are essential for high quality consumer care.

A mental health clinician engagement strategy has been developed that explores models addressing how to improve integration and coordination across all health care settings and types between government agencies, non-government and private organisations.

Everyone who contributes to successful recovery from illness and maintained wellbeing of older adults is a partner in the mental health system. Chief among these are family and friends, disability support providers, GPs and other health providers and even less well recognised agencies such as local councils who influence environmental and other upstream influences on health.

The Older Adult ACU has a **commitment** to ensuring that clinicians actively consider all our key partners, both internal and external that assists in ensuring better health outcomes for the older adult suffering from a mental illness.

The Older Adult ACU has formal collaborative partnerships with the following organisations:

- Metro South Health Aged Care and Rehabilitation Stream
- General Practitioners
- Medicare Locals
- Dementia Collaborative Research Centre: Early Diagnosis and Prevention
- Queensland Dementia Behaviour Management Advisory Service
- UQ Centre for Research in Geriatric Medicine
- Diamantina Health Partners.

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1 For more information about our staff in the Mental health Service please refer to the link provided; [www.health.qld.gov.ACU/metrosouthmentalhealth/consumer/our-staff.asp#consultant](http://www.health.qld.gov.ACU/metrosouthmentalhealth/consumer/our-staff.asp#consultant)
What you can expect from our service

Where possible, we prefer referral from an existing healthcare provider such as a General Practitioner. This is important to ensure we understand the person’s overall health status from the beginning.

We then provide an assessment with the following tasks in mind:

- What are the person’s health and welfare needs?
- Are we the best people to provide a service to you?
- How, when and where should intervention be provided?
- What other resources are accessible to help you?

Typically common conditions treated by the Older Adult ACU\(^2\) include:

- Bipolar Disorder/Mania
- Depression
- Schizophrenia/other psychotic conditions
- Severe psychiatric complications of dementia
- Other severe or complex mental health presentations not customarily managed by GPs or aged care providers alone.

Consumer journey- Navigating our service

Consumers have the right to comprehensive and integrated mental health care that meets their individual needs and achieves the best possible outcome in terms of their recovery. The diagram below shows the consumer journey through the Metro South Addiction and Mental Health Services:

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Access to the Older Adult ACU
Metro South Addiction and Mental Health Services are accessible through the relevant Acute Care Teams on the following numbers:

- Bayside Mental Health Service: (07) 3825 6000
- Logan-Beaudesert Mental Health Service: (07) 3089 2176
- Princess Alexandra Mental Health Service: 1300 858 998

Following referral, our triage team negotiate service response time. Depending on urgency, this may include contact within 24 hours or notification of a scheduled appointment. At this stage the triage team may assist the individual to access a service that is more suitable for their current needs (e.g. a non-government organisation or health professional).

For afterhours support please call 1300 MH CALL (1300 64 2255).

- 1300 MH CALL (1300 64 22 55) is a 24 hour, seven day centralised phone number for mental health referrals, crisis and support.

Referrals into the Older Adult ACU
To ensure your service needs are met in a timely manner we would request the following information at time of referral:

- **Self or carer referrals:** Our triage clinicians will guide you through any additional information that may be required. It is essential to know about active Guardianship or Health Attorney arrangements.
- **For Health Practitioners:** Key assessment findings, treatment interventions provided or proposed, and current General Practitioner/other service providers.
- **For General Practitioners:** Last physical examination, ELFT, FBE, TSH MSU (if not completed in last six months) and serum levels of medication if applicable. Cognitive test scores and neuroimaging if relevant.
- **For residential aged care facilities:** General Practitioner review prior to referral (see investigation list above), PAS and Cornell testing if available.
- **Emergency Services (Ambulance or Emergency Departments):** Can facilitate access for individuals in an acute crisis.
- **What if the person won't agree to be seen?** *The Mental Health Act* provides for the involuntary assessment and treatment, and the protection, of persons with mental illness. Our triage service (see access above) can advise you about this.

Bulk billing clinics
Under the National Health Care Agreement, Queensland public hospitals and clinics can bulk bill Medicare for some services. This applies where we have a ‘named referral’ from your GP to approved Consultant Psychiatrists. *It is your choice* to be seen as a bulk billed patient or a public patient.
If you are seen as a bulk billed patient, you may have access to one of our Consultant Psychiatrists (if available) with right of private practice, rather than being treated by a publicly appointed doctor. Our clinics will continue to offer services free-of-charge and there will be no additional ‘out of pocket’ expenses for your consultations.

Please contact your local Acute Care Team for any clarification around referral process.

**Triage**

Following the referral information provided, the triage team will determine the service response time. This may include contact within 24 hours or notification of a scheduled appointment for assessment. At this stage the triage team may assist the individual access a service that is more suitable for their current needs.

**Assessments**

Consumers will have a comprehensive geriatric biological, psychological and social assessment including specialist assessment where mental illness complicates dementia and/or physical illness.

The assessment includes history of mental illness, mental state examination, physical health issues, past history of treatment, cognitive assessment, needs assessment, consumer strengths and goal identification, social issues, vocational and functional assessment and formulation.

To assist with assessment a range of assessment tools may be utilised by the clinical team within the Older Adult ACU including the following:

- **Cognitive functionality assessment tools**: All assessments involve history-taking for cognitive impairment. Such as:
  - The Rowland Universal Dementia Assessment Scale (RUDAS) is the preferred tool for clients for whom English is a 2nd language.
  - Standardised Mini Mental State Exam (Molloy)
  - Clock face Drawing test (local standard version)
  - Confusion Assessment Method (CAM) screening tool for delirium
  - Cornell Scale for Depression in Dementia which is the standard tool used in residential aged care.

- **Behavioural assessment tools**:
  - The 12-item Neuropsychiatric Inventory (NPI)-Nursing home version is being trialled the two (2) inpatient older adult units in Metro South.
  - Montgomery-Asberg Depression Rating Scale is being trialled in one (1) inpatient unit by psychology and medical staff on Grevillea.

- **Neuropsychological testing** remains available by Consultant request across the Older Adult ACU.
- **Functional assessments:** The RUG-ADL is used to measure physical dependency needs on Grevillea and the Life Skills Profile (LSP-16) is available for measurement of functional recovery.

- **Physical/side effects assessment tools:**
  - Anthropometric and metabolic measures for antipsychotic use
  - Abnormal Involuntary Movement Scale
  - Timed Up and Go Test (TUG) for motor speed.

### Key therapeutic treatments

Interventions for the treatment of mental health presentations in older adults fall into three main categories:
- Pharmacological (drug therapies)
- Psychological therapies such as cognitive behaviour therapy (CBT).
- Electroconvulsive therapy (ECT) as an alternative treatment.

Consumers will be supported to access a range of bio/psycho/social interventions and rehabilitation services which are aimed at healthy behaviours the person can undertake to maximise their speed and likelihood of full recovery.

The range of interventions include:
- Pharmacotherapy
- Cognitive Behaviour Therapy (CBT) for anxiety and depression
- Motivational interviewing
- Solution focused therapy
- Relapse prevention
- Psycho-education.
- Family education
- Interpersonal therapy
- Psychosocial rehab
- Electroconvulsive Therapy (ECT).

**ECT** is the most effective treatment for very severe cases of major depression for adults of any age and is especially used where depression is life threatening or there has been previous good response. It may also be a safer option in the short term when the person is potentially at risk from the use of medication.

### Ongoing care and review of care plans

Ongoing care to the Older Adult ACU will involve the collaborative development of an individual treatment plan between the consumer, carer and representative from the multidisciplinary team.
This plan will be reviewed weekly if receiving treatment from the inpatient or community service team and at a minimum every 91 days if receiving treatment from a specialised older adult ACU community team.

Review of the collaborative care plan ensures all relevant clinical information, patient progress, the outcome of relevant assessments/measures and review of the clinical outcomes data to monitor and measure the person's progress is evaluated against treatment interventions provided.

If at any time the mental health of an individual deteriorates and it is deemed appropriate the individual may be admitted to hospital to assist their personal recovery.

**Transition of care**

On completion of the initial assessment, treatment and intervention, recommendation for ongoing care arrangements will be provided, this usually means return to:

- General Practitioner care coordination
- Referral to private sector mental health professionals
- Admission to Psychiatric Inpatient Services
- Referral to specialist Non- Government Support Services.

On completion of treatment goals the consumers care will be handed over to their primary care providers and/or other providers depending on patient's needs and choice. Transition from the Older Adult ACU is a process which ensures that key elements of illness and co-morbidity, support services and consumer capacity are addressed at time of discharge.

The General Practitioner, as the primary medical provider, will receive a comprehensive summary of the service provided. The Older Adult ACU will ensure that appropriate community supports are available for the individual and referrals to other support services, if required, are in place to reduce the likelihood of severe illness in the future.

**Re-entry**

It is recognised that mental health disorders can be episodic and chronic in nature and that consumers may require re-referral for further assessment and treatment.

Consumers, who have received comprehensive care from the Older Adult ACU over a period of time, will be provided with a reassessment or review of care as needed.

Close liaison between service providers will be required to ensure ongoing care needs are maintained till re-assessment is complete.

At any stage consumers, carers and other service providers can call our local Acute Care Services for further assistance:

- Bayside Mental Health Service: **3825 6000**
- Logan-Beaudesert Mental Health Service: **3089 2176**
- Princess Alexandra Mental Health Service: **1300 858 998**.
Measuring our performance

Expected outcomes for a consumer of the Older Adult ACU

It is expected that a consumer entering our service will benefit in the following ways:

- Symptomatic improvement e.g. as measured by MADRS, NPI
- Functional improvement e.g. measured by LSP
- Improved self-rated wellbeing
- Reduced use of complex healthcare e.g. use of Emergency Department
- Attainment of self-management skills e.g. emergent symptoms and modified lifestyle.
- That consumer’s maintain a the ability to live independently as long as possible
- Those consumers who require complex care needs involving physical, mental and social care factors receive flexible care options.
- Carers will have increased understanding and confidence
- Promoting healthy behaviours the person can undertake to maximise the speed and likelihood of full recovery
- Changes in personal environment or household organisation
- Helping the person identify and address unmet physical health or social needs
- Working with the person, family or carers to improve communication.

How do we measure our success?

Metro South Addiction and Mental Health Services use the statewide electronic care record information system CIMHA (Consumer Integrated Mental Health Application). This information is confidential and may only be shared with stakeholders if the patient has consented to the sharing of information or in extreme circumstances there is a clinical need to share information.

Regular assessments are conducted to demonstrate how the clinical application of therapies has positively influenced the consumer’s recovery through the CIMHA application. This may include specific tools to examine the effectiveness of therapies provided and will be completed by clinicians and consumers.

There are three (3) main outcomes measures\(^3\) that are available through this application. The consumer outcomes measures are:

- The Health of the Nation Outcome Scales (HoNOS)
- The Mental Health Inventory (MHI)
- The Life Skills Profile (LSP-16).

Evaluation and research of treatment interventions and consumer outcomes will enable the ACU to maintain focus on quality review and to advise on existing literature or suggest future research topics.

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Model of Service – guiding our service delivery

A Queensland statewide Model of Service has been established for Older Adult Mental Health Service delivery. This provides a framework to which the service can provide best practice care.

There are two Models of Services that are applicable to the Older Adult ACU:

1. Endorsed Older Persons Acute Inpatient Unit Model of Service
2. Endorsed Older Persons Community Model of Service.

Mandatory key performance indicators

The Older Adult ACU’s organisational performance is measured against the mental health key performance indicators which measure across select domains to ensure care delivery is effective, appropriate, efficient, accessible, timely, safe and sustainable. It is the responsibility of Metro South to report against these mandatory key performance indicators as a whole system.