



Seniors Mental Health

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Jeanette Flett RN.BN

Community Mental Health Nurse

Sarah Krieger-Frost RN.MN.

Community Mental Health Nurse



What is Seniors Mental Health?

- ▶ A multidisciplinary Geriatric Psychiatry Program
- ▶ Subspecialty team within Mental Health and Addictions
- ▶ A tertiary care service for the province
 - ▶ Primarily inpatient presently
 - ▶ Some long distance telephone doctor to doctor consultation



Criteria for Referral

1. Patients over 65 with:

- ▶ New onset of psychiatric symptoms (IE: anxiety, depression, memory loss, psychosis) with complications related to aging and whose care cannot be reasonably managed through Adult Community Mental Health
 - ▶ May require home visits due to frailty and/or mobility issues
 - ▶ Have complicating medical factors



Criteria for Referral

2. Patients at any age:

- who have dementia with significant functional decline and/or significant psychiatric features, for example:
 - depression, psychosis, behavioral and psychological symptoms of dementia (BPSD) like physical aggression



Referral Limitations

- ▶ Patients with uncomplicated dementia or medical illness should be referred to Geriatric Medicine's Memory Disorders or Ambulatory Care Clinics
- ▶ Seniors Mental Health is not an urgent or emergency care service




Referral Limitations

- ▶ Accepting all patients with chronic mental illness who have reached 65 would overwhelm the team's limited resources
- ▶ These patients should be referred to General Adult Psychiatric Outpatients
 - ▶ Consultation by SMH may be considered on a case-by-case basis only when the illness has become complicated by:
 - ▶ multiple medical problems; dementia; multiple medications; or frailty



Referral Process

- ▶ Referrals are typically submitted by doctors.
 - ▶ We do accept referrals from other Health Care Professionals
 - ▶ Intake or Triage occurs weekly on Tuesday
 - ▶ Response time varies depending on caseload and area
 - ▶ Please complete full referral form (MMSE)
- 



Out-Patient Service ...

Outreach

- ▶ Out-patient clinics
- ▶ Home visits
- ▶ Nursing Home consults
- ▶ Out-patient ECT
- ▶ Doctor to doctor telephone consults (medication recommendations)
- ▶ Group Therapy
- ▶ 1:1 with a Psychologist



Staffing ...

- ▶ 8 psychiatrist (not all full-time)
- ▶ 5 Outreach nurses (4 ½ positions)
- ▶ 2 Occupational Therapists
- ▶ 1 Psychologist
- ▶ 2 Social workers

Outreach



What we do ...

Outreach

- ▶ Assessment and treatment for Dementia with BPSD
- ▶ Assessment and treatment for other late life mental Health illness (depression, psychosis, anxiety)
- ▶ Limited follow-up care for medication and treatment plans
- ▶ Initiating ECT and follow-up treatment plans
- ▶ Assist in coordinating in-home care
- ▶ Capacity assessments if necessary
- ▶ Family education and support
- ▶ Provide education to Nursing Homes and other community agencies
- ▶ Health Promotion to community groups
- ▶ Consultation to all nursing Homes in CDHA
- ▶ Therapeutic Mental Health groups (CBT)



Home visit versus Clinic visit

- ▶ Home visits are extended to clients who have mobility issues, transportation challenges, Dementia with BPSD, and any other reason that maybe a barrier to care.



Locations and Contact

- ▶ NSH Mount Hope Building (Basement Level)

- ▶ Admin: Susan @ 902-464-6054

- ▶ Fax # 902-464-3002

- ▶ Abbie J Lane (6th Floor)

- ▶ Admin: Nicole @ 902-473-7799

- ▶ Fax # 902-473-5713



In-Patient Services

Willow Hall

- ▶ In the Mount Hope Building at the NSH site
- ▶ 19 beds
 - ▶ 9 intended for patients with newly diagnosed acute mental illness
 - ▶ 10 for patients with dementia/BPSD
 - ▶ These 10 are private rooms with ½ doors
- ▶ Physical layout allows for observation of both wings from nursing desk
- ▶ Central areas for group activities (music; pet therapy; movies; dining)

In-Patient Services

Willow Hall

Nursing staff for direct patient care:

Mixed compliment of RNs, LPNs and CTAs

- ▶ 0700 - 1900 4 on floor, 1 med. nurse (always 2 RNs scheduled)
- ▶ 1900 - 2300 3 on floor, 1 med. nurse (always 2 RNs scheduled)
- ▶ 2300 - 0700 2 on floor (1 RN and 1 other)

Allied Health staff:

- ▶ 1 Recreation Therapist and 1 Recreation Therapy Associate
- ▶ 0.5 FTE Social Worker
- ▶ 1 FTE Occupational Therapy (does help out in Outreach)
- ▶ 1 PT Psychologist

Physicians:


- ▶ 2 Psychiatrists (Also cover Outreach and ECT)
- ▶ 1 Family Practitioner (PT)



In-Patient Services

Willow Hall

- ▶ 4 awaiting Nursing Home placement
- ▶ 9 unable to be placed
 - ▶ No longer need intense care provided on Willow Hall
 - ▶ No suitable level of alternative placement currently available
 - ▶ May require more care than LTC can provide from a staffing perspective
 - ▶ May require ½ door for settling purposes
- ▶ 6 people actually receiving treated for acute illness (from both patient groups)
- ▶ Average length of stay 339.6 days
- ▶ Longest stay patient 1005
- ▶ 15 on wait list

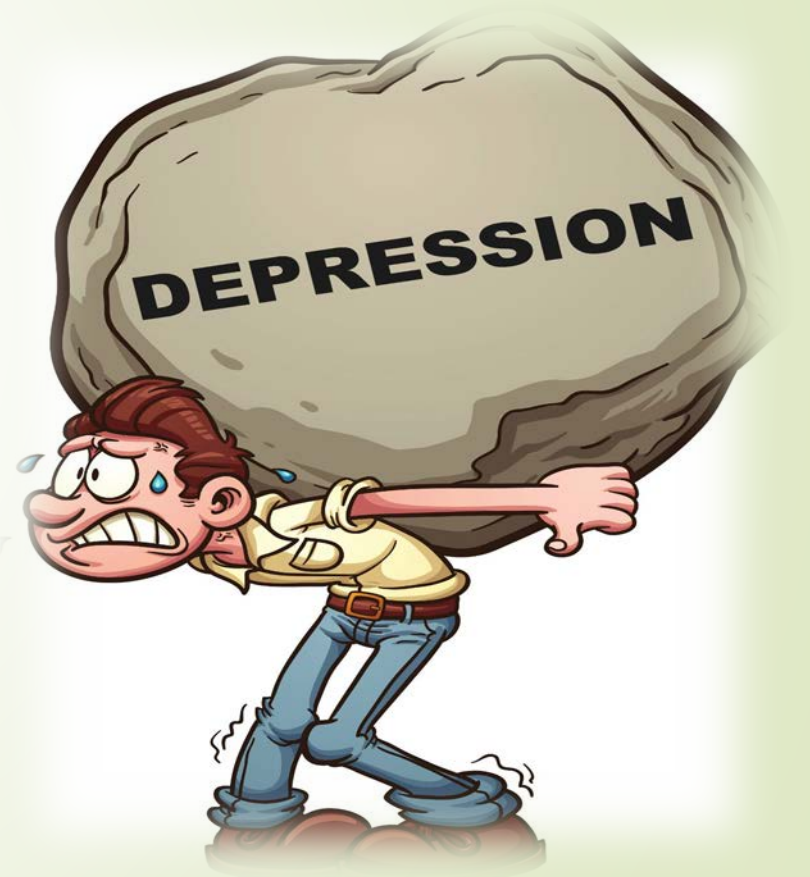


What are some of the illnesses our patients are frequently diagnosed with?



Depression

- ▶ 20% of people over 65 suffer Depression
- ▶ 5 – 10% of seniors in the community
- ▶ 30 – 40% of people living in institutions



Depression Symptoms

- ▶ Not just a low mood for several days
- ▶ Specific symptoms
 - Appetite
 - Sleep
 - Energy
 - Mood
 - Concentration
 - Guilt
 - Suicide
 - Interest/motivation



Anxiety

- ▶ Anxiety can be a stand alone Mental Health Diagnosis

Or

- ▶ Anxiety can be a symptom of another diagnosis
- ▶ Anxiety prevalence in the aging population is estimated to be up to 19%



Psychosis

- ▶ Up to 23% of older Adults will experience psychotic symptoms at some time
- ▶ Common causes of Psychosis:

Schizophrenia

Dementia

Depression

Delirium

Psychotic symptoms appear in Dementia diagnosis as high as 41%



Dementia

- ▶ 17,000 people in Nova Scotia have Dementia
- ▶ Complicated illness in both the community and Nursing Homes
- ▶ Assessment, diagnosis, treatment, and future caregiving plans





BPSD



- ▶ BPSD also defined as a group of symptoms of disturbed perceptive thought content, mood or behaviour, that include agitation, depression, apathy, repetitive questioning, psychosis, aggression, sleep problems and wandering (*deOliveira et al 2015*).
- ▶ BPSD is thought to be present in at least 50% of people with dementia living in clinical environments (*Jones and Mitchell 2015*) Gauthier et al (2010) state that “at some stage in their journey of dementia nearly all people will present with BPSD” it is also accepted that more than 80% of residents with dementia will present at least one significant symptom of BPSD (*Zuidema et al 2007*)



BPSD

Behavioral

- ▶ Agitation / pacing
- ▶ Screaming
- ▶ Restlessness / wandering
- ▶ Cursing
- ▶ Sexual disinhibition
- ▶ Misidentifications
- ▶ Repetitive questions

Psychological

- ▶ Anxiety
- ▶ Depression
- ▶ Hallucinations
- ▶ Delusions
- ▶ Apathy



Common Myths

- ▶ SMH assess all Seniors with Mental Health concerns ... No
- ▶ SMH Outreach has the ability to admit to hospital (Willow Hall) ... No
- ▶ SMH will do the capacity ... No
- ▶ SMH will assess and treat Delirium ... no



SMH Challenges



- ▶ Response time
- ▶ Follow-up
- ▶ No family doctor
- ▶ Telephone tag
- ▶ Placement to appropriate level of care from Willow Hall
- ▶ Admissions to Willow Hall



Collaboration is the Key

- ▶ We couldn't do this work without it!!
- 



Collaboration

Our aim is to work closely with:

- ▶ Family doctors
- ▶ Continuing Care Nova Scotia
- ▶ Adult Protection
- ▶ Emergency room staff
- ▶ Nursing Home staff
- ▶ Community agencies
- ▶ Family



Any and all people in the patients circle of care



Questions



Thank you!