

WEBINAR

Primary Care, Older Persons and Mental Health

This webinar

Is the result of a unique partnership between the thirty one Australian Primary Health Networks and the Mental Health Professionals Network. It is the first of three webinars, exploring older persons and mental health, produced under this partnership and to be broadcast over the next twelve months.

Through a facilitated case based panel discussion, each webinar will offer interdisciplinary insights into the complex interrelationship of ageing related health issues as well as the merits, challenges and opportunities in providing collaborative care to older people grappling with age related health issues.

Tonight's panel



Professor Susan Kurrle
Geriatrician



Dr Rod McKay
Psychiatrist



Mr Chris Hall
Psychologist



Facilitator:
Dr Stephen Ginsborg
General Practitioner

Webinar platform

To interact with the webinar platform hover over the colourful icons to the top right of your screen



Open the chat box



Access resources including the case study, panel biographies and supporting resources



Open the feedback survey

Learning Outcomes

Through a facilitated panel discussion, about Virginia, at the completion of the webinar participants will:

- describe the complex relationship and interplay between aging related issues including but not limited to mental and physical health, grief, loss and social isolation
- describe the challenges, merits and opportunities in evidence-based approaches deemed most effective in treating and supporting older people with mental and/or, physical health and/or psychosocial issues
- better target referrals, as a result of improved understanding of the role of different disciplines, for older people with mental and physical health and/or psychosocial issues

Geriatrician's perspective

What is a geriatrician and what do they do?

- Geriatricians are specialists in diseases of older age. Whilst they tend to see people over the age of 70, they also see younger people with diseases associated with older age such as dementia, Parkinson's disease and stroke.
- Geriatricians tend to look broadly at their patients, they are not single organ specialists. With the aim of seeing the whole patient they will assess:
 - Medical conditions including medications, nutrition, continence
 - Cognition and mood
 - Mobility and function in activities of daily living, both basic and instrumental
 - Social situation including support of family or friends, accommodation, finances
 - Legal issues such as enduring guardianship and power of attorney, driving



Professor Susan Kurrle
Geriatrician

Geriatrician's perspective

What is a geriatrician and what do they do?

- After a comprehensive geriatric assessment, formulate a care plan with the patient and family that they are comfortable with, and work with the GP on a team care plan
 - Arrange referrals to allied health e.g. dietitian, physiotherapist, psychologist
- Arrange a follow up appointment to look at progress and acceptance of care plan by patient reinforce changes and encourage improvements
- Geriatricians may work in the public hospital system with access to other specialties and to allied health, or work privately and use more privately provided allied health



Professor Susan Kurrle
Geriatrician

Geriatrician's perspective

Virginia: Early Thoughts

- What is the GP hoping to achieve with the referral, what is remaining unsaid in the referral letter?
- What are the causes of the change from 'vivacious, active woman' at younger age to 'unoccupied, inactive older woman'?
- Virginia has had a number of losses (pregnancy, termination, son moving to Melbourne, work, death of Colin). Has she really dealt with these?
- How do we improve her physical state – overweight, arthritis etc. She may already be frail.
- What is her cognition doing? She has multiple risk factors for dementia.



Professor Susan Kurrle
Geriatrician

Psychiatrist's perspective

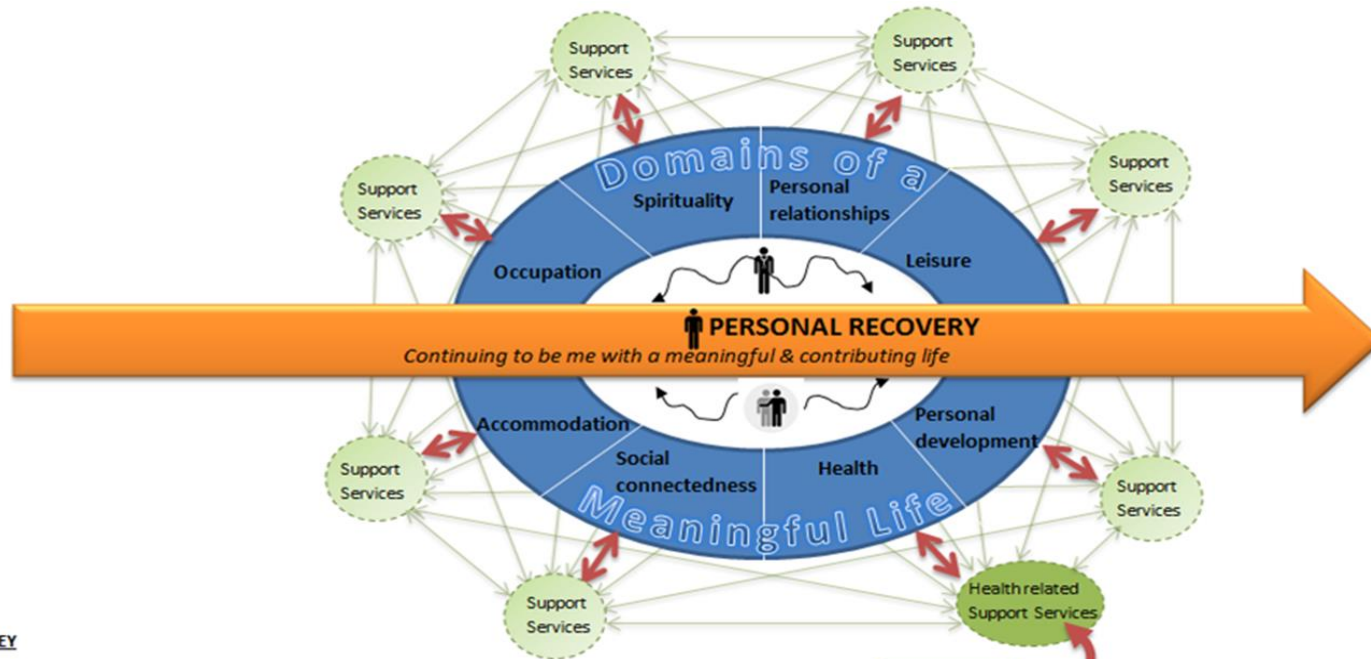
The approach of this old age psychiatrist

- Many different approaches
- Mine:
 - Engage and know the person
 - Know their context
 - Assess if illness
 - Make a plan for others to enact

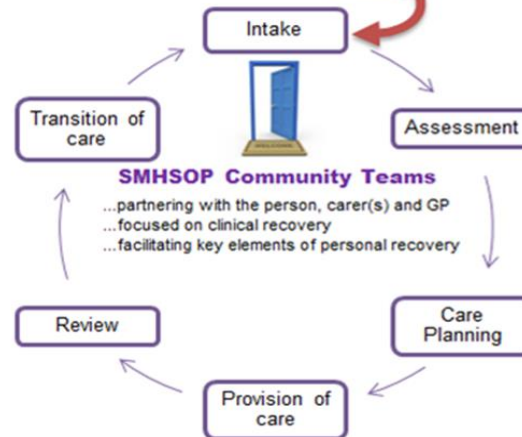


Dr Rod McKay
Psychiatrist

Psychiatrist's perspective



- KEY**
-  Consumer
 -  General Practice
 -  Carer(s)
 -  Domains of a meaningful life
 -  Journey of personal recovery
 -  Provision of support (varying intensity)
 -  Partnerships
 -  Support Services
 -  Transition
 -  Transition into SMHSOP Community team (as one 'health' support service)



Dr Rod McKay
Psychiatrist

Psychiatrist's perspective

Engage and know Virginia

- Often reason team asks me to see Virginia
- Starts with referral info
 - What are likely barriers and facilitators of engagement?
 - What information is missing or 'doesn't fit'?



Dr Rod McKay
Psychiatrist

Psychiatrist's perspective

Engage and know Virginia continued

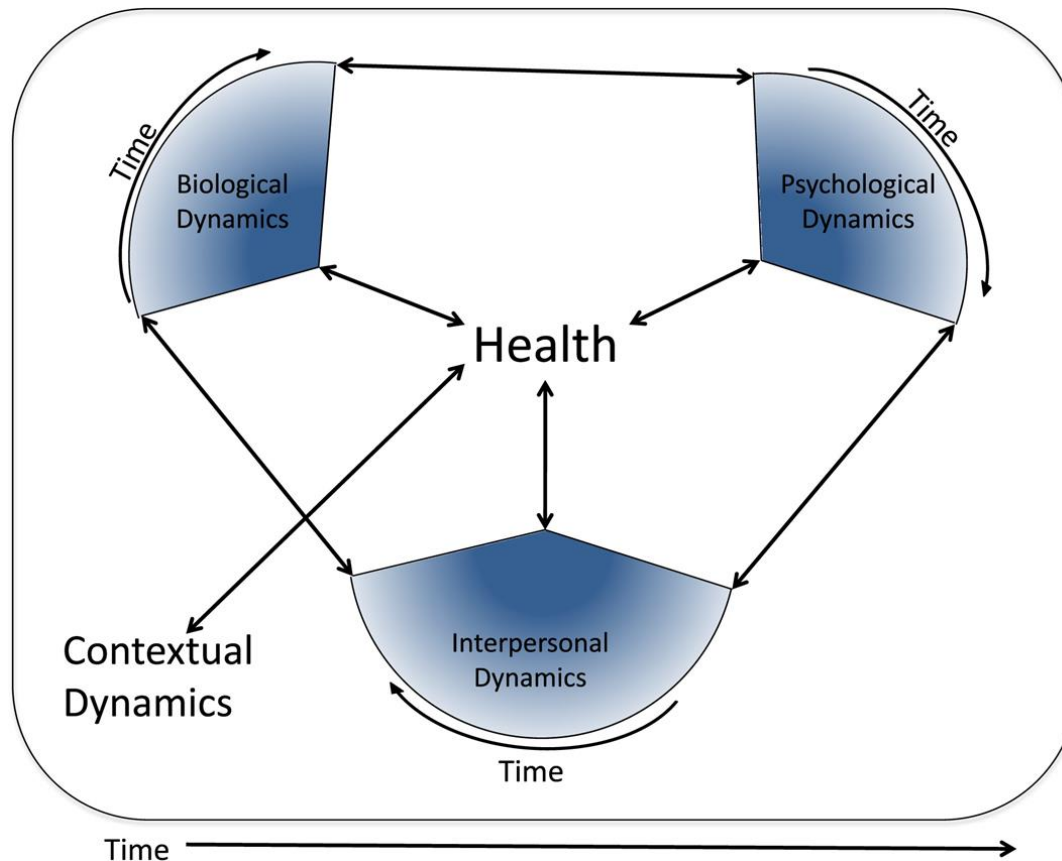
- Barriers I would be considering
 - Stigma of mental health
 - Whose?
 - Impact of ? Past trauma
 - Trust and personality
 - Experience of others that Virginia may know
- Strengths that can be used



Dr Rod McKay
Psychiatrist

Psychiatrist's perspective

Know Virginia's context - Historical as well as current



Dr Rod McKay
Psychiatrist

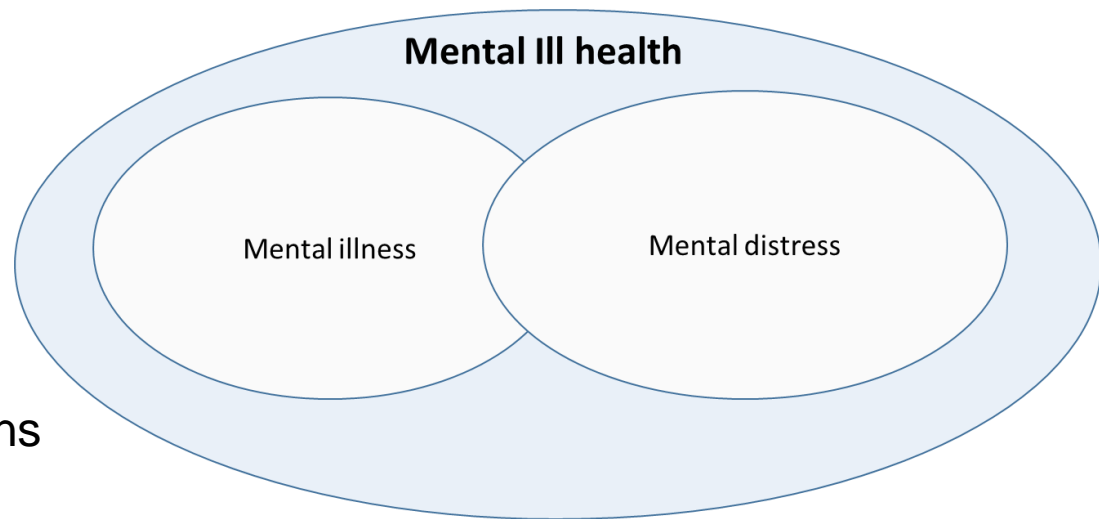
Rethinking the biopsychosocial model of health: Understanding health as a dynamic system

Social and Personality Psychology Compass, Volume: 11, Issue: 8, First published: 03 August 2017, DOI: (10.1111/spc3.12328)

Psychiatrist's perspective

Assess if mental ill health

- Observation
- History, not forgetting:
 - Recall past episodes and treatment
 - Alcohol and medications
- Mental State Examination
- Corroborative information
- Conceptualisations of Virginia and those around her



Dr Rod McKay
Psychiatrist

Psychiatrist's perspective

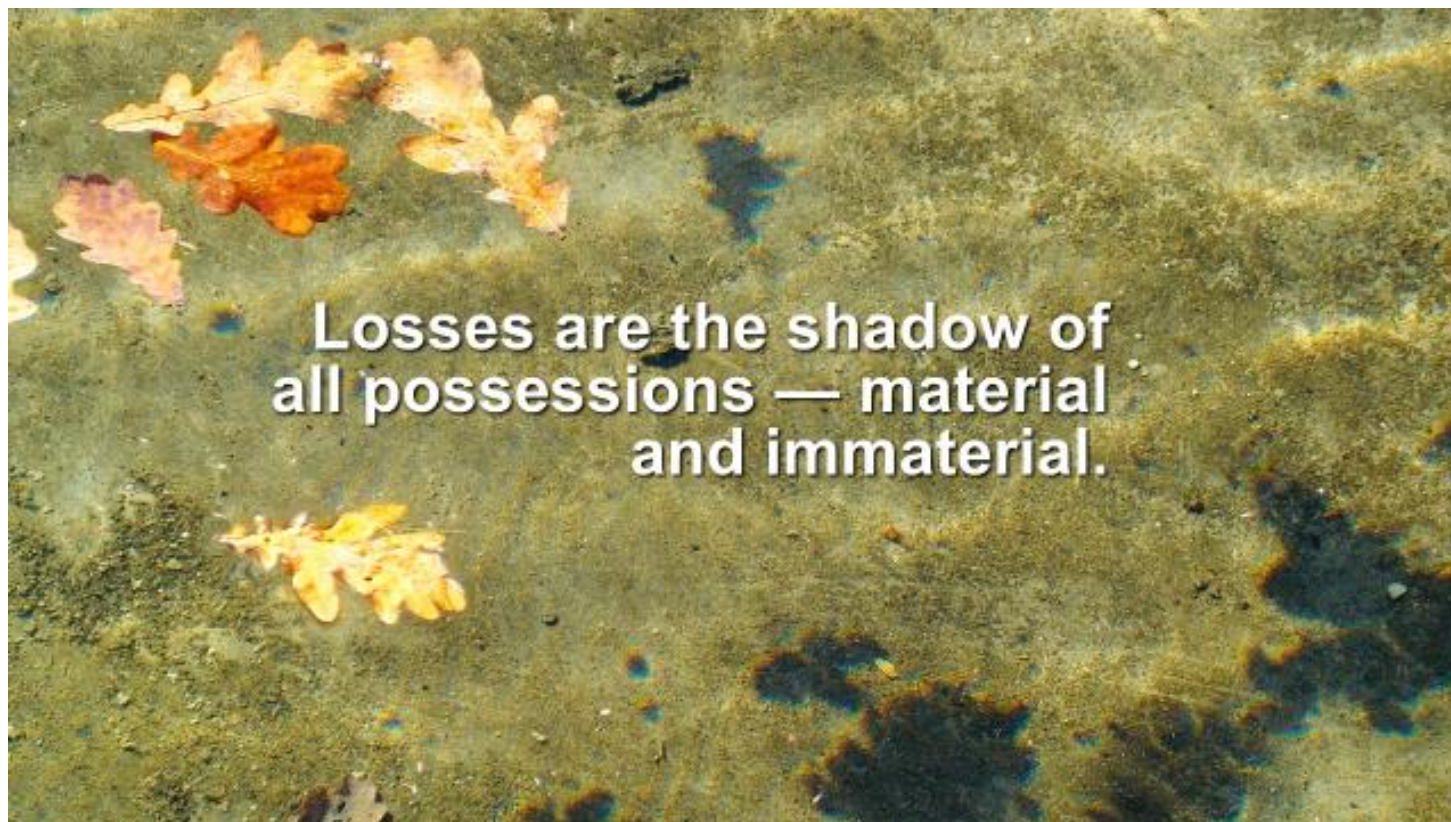
Make a plan for others to enact

- Key focus: use my encouragement for others to continue next stages of care
- Plan with, not for, Virginia
- What supports:
 - **C**onnectedness
 - **H**ope
 - **I**dentify
 - **M**eaning
 - **E**mpowerment
- “Continuing to be Virginia”



Dr Rod McKay
Psychiatrist

Psychologist's perspective



Mr Chris Hall
Psychologist

Psychologist's perspective



" DOCTOR BOHAN WILL SEE YOU NOW, MRS. STRADLEY, BUT HE REALLY DOESN'T WANT TO. "



Mr Chris Hall
Psychologist

Psychologist's perspective

What kind of support is indicated?

Assessment needs to acknowledge the fluid and dynamic nature of grief

Inventory of Social Support (ISS)

Integration of Stressful Life Experiences Scale – Short form

Prolonged Grief Disorder (PG-13)

Download these measures from: <http://bit.ly/acgb-tools-intake>

Also informed through therapy by Feedback Informed Treatment (FIT) approach



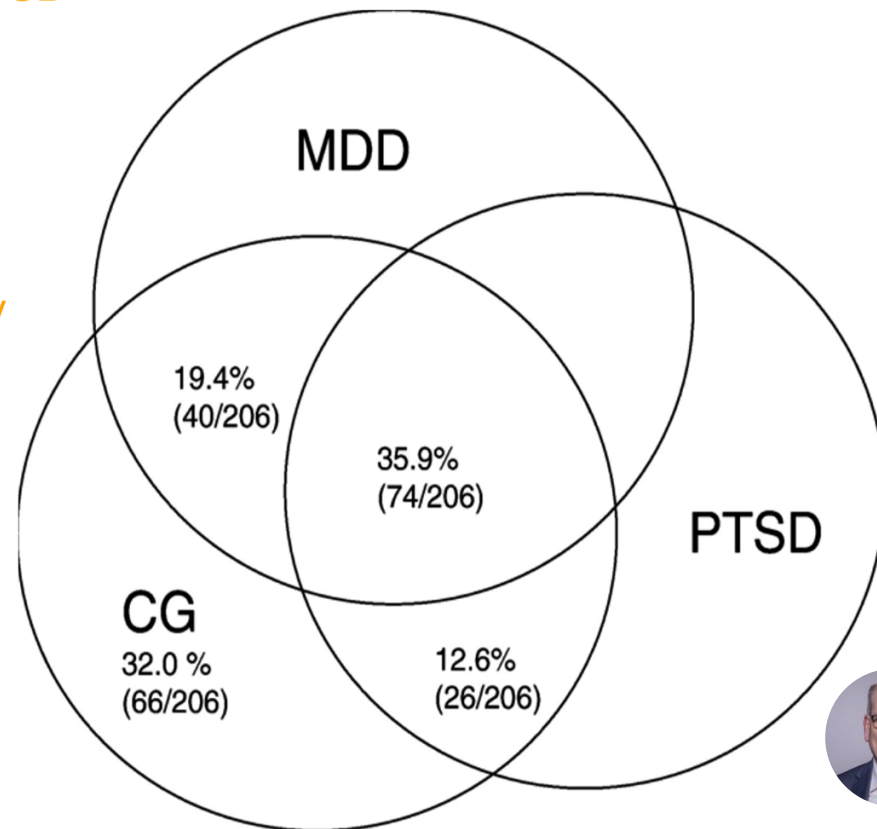
Mr Chris Hall
Psychologist

Psychologist's perspective

Overlap between CG, MDD and PTSD

Current PTSD and MDD comorbidity in treatment-seeking individuals with CG disorder (n=206)

Simon et al (2007)



Mr Chris Hall
Psychologist

Psychologist's perspective

What can be done in bereavement practice?

- Address the grief
- **Identify what has captured the attention of the client**
- Determine how the process of mourning has been derailed
- **Come to terms with the myriad of consequences that stem from their loss**
- Determine how to re-engage in their own lives in a way that has the capacity for joy and satisfaction even though the person they love is physically gone
- **Restore sense of self and sense of connection to the world**



Mr Chris Hall
Psychologist

Psychologist's perspective

What can be done in bereavement practice?

- Provide companionship and build support
- Encourage self-observation and reflection, with self-compassion
- **Encourage positive emotions, faith in the process of adaption, and self-awareness**
- Provide structure
- **Foster fulfilment of basic human needs: autonomy, competence and relatedness**
- Help reconnect to life, meaning and purpose.



Mr Chris Hall
Psychologist

Psychologist's perspective

What helps?

- Connection
- **Self-reflection**
- Self-determination
- **Goals**
- Self-compassion (kindness, common humanity, mindfulness)
- **Self-awareness practice**
- Psychoeducation



Mr Chris Hall
Psychologist

Psychologist's perspective

Engaging with grief

- Writing / photography
- **Imaginal conversation**
- Graded exposure to what's being avoided
- **Revisiting the story of the death/loss**
- Narrative reflection
- **Continuing bonds**



Mr Chris Hall
Psychologist

Questions and Answers



Professor Susan Kurrle
Geriatrician



Dr Rod McKay
Psychiatrist



Mr Chris Hall
Psychologist



Facilitator:
Dr Stephen Ginsborg
General Practitioner

Recommended resources

For access to resources recommended by the panel, click on the supporting resources tab located at the top right hand part of your screen.

Local networking

Would you like to continue the 'Older Persons' mental health discussion with local practitioners? ***Join a local Older Persons Network:***

- NSW - Sydney North Older Persons Mental Health
- QLD - Brisbane North Older Persons Network
- QLD - Sunshine Coast Older Persons Network
- QLD - Cairns Older Persons Mental Health
- Vic - Goulburn Valley Hume

We can also support you to ***start and lead a Older Persons network*** in your local area. To find out more, contact Amanda on 03 8662 6602 or email a.osciak@mhpn.org.au.

You can also express your interest to join a network by completing the feedback survey before you log out.

We have 373 interdisciplinary mental health networks across metropolitan, rural, regional and remote Australia. Visit our online map to find out which networks are close to you at mhpn.org.au or contact Jacqui O'Loughlin at networks@mhpn.org.au.

Thank you for your participation

- Please ensure you complete the feedback survey before you log out.
- Your Statement of Attendance will be emailed within four weeks.
- You will receive an email with a link to online resources associated with this webinar in the next few weeks.

Primary Care,
Older Persons and
Mental Health

THANK YOU
FOR YOUR
PARTICIPATION