

ANP led Psychiatry Liaison and integration service

Joanne Flood ANP

Mental Health Services for Older People CH09

Integrated Care

- ▶ Right care, right place, right time. **Right service/s?**
- ▶ Improving safe, timely access to care, and promoting health and wellbeing:
 - ▶ Reducing waitlist times
 - ▶ Reducing admissions into acute care/**ensuring appropriate admissions**
 - ▶ Managing chronic diseases in the community
- ▶ Greying of the worlds' population – **catch 22**
- ▶ TILDA, reports that 64.8% of our over 65 age cohort live with co-morbidity. This is defined as the presence of two or more chronic conditions.
- ▶ Older population trends in Beaumont catchment area:
 - ▶ 2011: 24% of Dublin's over 65 years population
 - ▶ 2016: This had increased by just over 10% further
 - ▶ This population is set to increase to 44% by 2026

ANP SERVICE

- ▶ Models of care: NICE, NCPOP.
- ▶ Guidance documents: National Dementia Strategy, Sharing the Vision, Connecting for Life.
- ▶ Approx 2/3 of general hospitals are populated by older people
- ▶ 60% of these will have or experience mental health difficulties (NCPOP 2018, RCPsych 2005)
- ▶ Beaumont hospital has approximately 850 beds - 566 - 340.
- ▶ New in-patient assessments
 - ▶ Advice on medication
 - ▶ Advice on management on general ward
 - ▶ Advice on further referrals/input - geriatricians/MSW/ALN/Palliative care
 - ▶ Further review whilst in hospital (100+ reviews 2022)
- ▶ Follow up post discharge as needed - 20%
- ▶ Once discharged GP proforma is sent to advise MHSOP Liaison input
- ▶ Clinical database is kept for statistics and audit purpose
 - ▶ Analysis for research and conferences

Types of referrals

2021: (300)

- ▶ Delirium
 - ▶ 48%
- ▶ Dementia with BPSD/NCSD
 - ▶ 40%
- ▶ Suicidality
 - ▶ 5%
 - ▶ 6 presented post suicide attempt
 - ▶ 10 with PDW

2022: (324)

- ▶ Delirium
 - ▶ 44% (1/3 had dementia)
- ▶ Dementia with BPSD/NCSD
 - ▶ 38%
- ▶ Suicidality
 - ▶ 16%
 - ▶ 20 presented post suicide attempt
 - ▶ 31 with PDW

Delirium

Assess for Potential Causes of Delirium: 'PINCH ME'

- P** – Is the person in pain? Has urinary retention been excluded?
- IN** – Infection: is there a possible infection?
Refer to sepsis pathway as appropriate (link overleaf)
- C** – Constipation: When was the last bowel movement?
- H** – Hydration/nutrition: is there major electrolyte imbalance? Has hypoxia, hypotension, hypoglycaemia been considered?
- M** – Medication: omission of regular medication or addition of new medication
- E** – Environment: change of environment, noise or activity levels impacting sleep/ rest

Issues:

- ▶ Acute in nature and poorly detected
- ▶ Medical or physical cause
- ▶ Age, impaired cognition and frailty all risk factors
- ▶ Adverse health outcomes

Response:

- ▶ Revised delirium protocol
 - ▶ Treatment and investigation
- ▶ Delirium education
- ▶ Notable reduction in referrals to service over 3 years:

(2020) 56%  (2022) 44%

Dementia

Issues:

- ▶ People with dementia tend to have increased LOS in hospital
 - ▶ INAD-2 (2019) Approx 40 days longer when awaiting discharge to LTC
 - ▶ Often not accepted into LTC due to BPSD/NCSD
- ▶ 2020 referrals for BPSD/NCSD/Dementia were just under a 1/3
 - ▶ Increased to around 40% over past 2 years
- ▶ ANP Assessment and management works on reducing and minimising responsive behaviours (agitation/restlessness/exit seeking) to allow for appropriate DC planning
 - ▶ Home with follow up
 - ▶ Home with onward referral to geriatricians
 - ▶ LTC +/- follow up

Response:

- ▶ Revised policy on behaviours that challenge
- ▶ Inclusion on the HSE/NDO dementia/delirium care pathways
- ▶ Staff training

Suicidality

- ▶ 400 die by suicide annually in Ireland with a further 12,500 presenting to the ED with self-harm
 - ▶ 15% are older adults
- ▶ Multiple factors in older people:
 - ▶ Mental health issues
 - ▶ Alcohol
 - ▶ Loneliness/isolation
 - ▶ Acute/chronic pain
- ▶ **16% in 2022: 20 referred post episode of self-harm**
 - ▶ 60% were in the 65-72 age range
 - ▶ 13 were men
 - ▶ 11 were followed up on discharge

SARS in 2003 - 31% increase in suicide rates in older population

Self-harm rates increased by 7% in Ireland during austerity years in older population

Response to suicidality

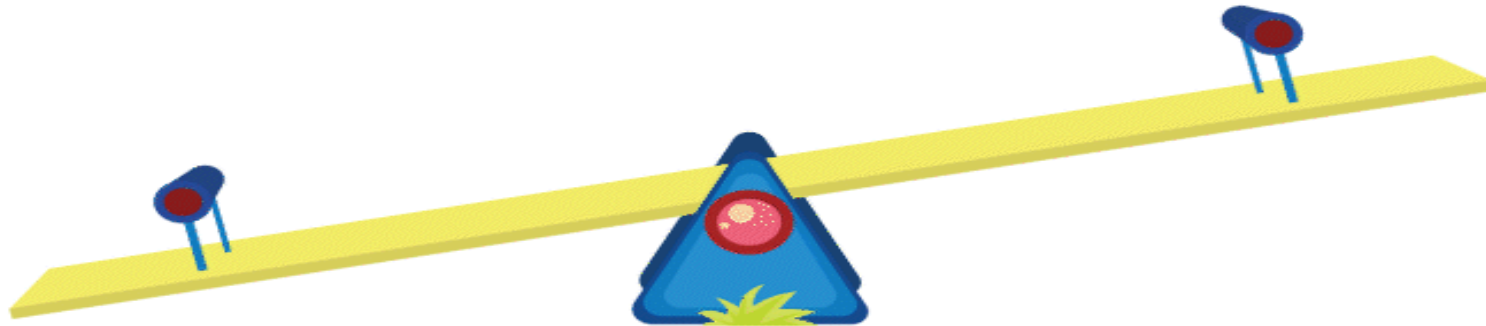
- ▶ Not all mental illness/disorder
- ▶ NOSP - “Working group” developed January 2023
 - ▶ Multi agency membership: ICPOP/Public health/MHSOP/NOSP
- ▶ Wellbeing support booklet for CH09
 - ▶ Mental health
 - ▶ Crisis contacts
 - ▶ Addiction information
 - ▶ ALONE information
 - ▶ Social prescribing
 - ▶ Public Health information
 - ▶ Living well programme details (HSE)
- ▶ Extension to voluntary agencies and general practice
- ▶ Launch of booklet later 1st 1/2 of 2024 with networking conference

Final Thoughts

- ▶ No way to fully prevent admissions of older people to the acute hospital setting:
 - ▶ Increasing older population - North Dublin
 - ▶ 26% increase in those over 70 (CSO) which can result in:
 - ▶ Increased frailty: falls and deconditioning
 - ▶ Increased risk of cognitive impairment and dementia
 - ▶ Appropriate and planned admissions
 - ▶ Swift Mental Health/BPSD/NCSD assessment and management by ANP
- ▶ Integrated care needs to continue through an admission and back into primary care: right care, right place, right time.
- ▶ Delirium and dementia management within hospital to help reduce LOS and appropriate follow up: requires collaboration and integration of care on discharge
- ▶ Suicidality: not just a response to self-harm, but preventative measures and wider links within primary care

Integration will only benefit patients - working in silos causes a disjointed care approach

SEE SAW EFFECT





THANK YOU

If anyone wants to contact me:

Joanne.flood@hse.ie