





Mental Health in Residential Aged Care Facilities

Referral Pathway & Decision-Making Tool

Psychological distress is common among older people living in residential aged care. Depression may go unrecognised and untreated in older people as they may not report symptoms or sometimes people overlook it as attributable to ageing or other physical causes. If you are unsure if an older person may have depression or an anxiety disorder, it may be helpful to obtain a history from the person and their relatives, use a depression screening tool (e.g. Cornell Scale for Depression) or refer to a GP to assist with confirming a diagnosis. Sometimes it can be difficult to differentiate symptoms of mental health problems from an underlying medical problem or the effects of medication. A GP assessment can be helpful to rule out dementia, delirium, identify other reversible causes or other conditions that may be contributing, and to assess risk of self-harm.

The guide below is a decision-making tool to assist in the referral pathways for older people presenting with psychological distress, clinical features of depression, or more severe mental health concerns.

Relationships Australia South Australia – Supporting Emotional Wellness in Aged Care (SEW) referrals			Acute referrals - Out of scope
Early Intervention - “At risk” of Mental Health Condition	Mild to Moderate Mental Health Presentation	Severe Mental Health Presentations	Significant Behavioural Issues, Dementia or Delirium
<p>Suggestions for recognising people who may be “at risk” of developing further decline in their wellbeing and mental health:</p> <ul style="list-style-type: none"> - Does the person have limited opportunity to socialise? - Has the person been recently separated / divorced (or separated by location)? - Is the person a new admission to residential aged care? - Has the person recently experienced or developed a new health problem (whether or not it led to hospital admission)? - Has the resident recently given up driving? - Has the person been widowed in the past 2 years? 	<p>Are there signs and symptoms of depression and anxiety such as:</p> <ul style="list-style-type: none"> - Fluctuating depressed mood - Reduced motivation - Loss of interest or pleasure in activities - Sleep disturbance, e.g. finding it hard to sleep or sleeping excessive amounts - Agitation or restlessness - Markedly slowed down and doing very little - Loss of energy or fatigue - Other somatic symptoms such as frequent headaches, pain or palpitations - Feelings of worthlessness or inappropriate guilt - Difficulty concentrating, forgetfulness or difficulty making decisions 	<p>Is the person showing signs of?</p> <ul style="list-style-type: none"> - History of severe, complex, persistent mental health - Severe depression - Psychotic symptoms (visual or auditory hallucinations) - Paranoia - Melancholia - Feelings of persistent hopelessness - Is the person highly agitated? - Aggressive behaviour - Significant risk of harm to self or others - Suicide ideation with intent - Recurring thoughts of death - Does the person have significant challenging behaviours or behavioural issues that are hard to manage? 	<p>Is there an acute change in mental status?</p> <ul style="list-style-type: none"> - Is this a sudden abnormal behaviour change? - Suicide ideation with intent and a plan - Does the person have severe cognitive decline - Does the person have difficulty focussing attention? (e.g. distracted or having difficulty keeping track of what is being said) - Is the person’s thinking disorganised or incoherent, illogical, or unpredictable? - Is their speech rambling or irrelevant, unclear?

<ul style="list-style-type: none"> - Finding it difficult to wind down or relax 	<ul style="list-style-type: none"> - Recurring thoughts of death - Becoming socially withdrawn or reduction in activity - Change in appetite, - Highly anxious or experiencing panic attacks. - Finding it difficult to wind down or relax - Does the person have a history of mental health concerns? And / or did they previously receive mental health services before entering residential aged care which could not be continued? 	<p>Or where a diagnosis of a mental health condition is unclear</p>	<ul style="list-style-type: none"> - Is the person lethargic (drowsy) or hypervigilant (hyperalert)? - Is the person failing to recognise people or objects? - Not oriented to time and place
			
<ul style="list-style-type: none"> - Refer for SEW Low Intensity Psychosocial Supports - Refer to SEW groups - Refer to Community Visitor Scheme - Refer to cultural and spiritual/religious support 	<ul style="list-style-type: none"> - Refer for SEW Psychological Therapy - Refer to Community Visitor Scheme - Refer to cultural and spiritual/religious support 	<ul style="list-style-type: none"> - Refer to SEW - Request urgent GP Review - Request Psychiatric Assessment - Consider referral to Older Persons Mental Health Service - Consider a referral to Dementia Behaviour Support - Conduct Risk Assessment 	<ul style="list-style-type: none"> - Request urgent medical review for further assessment of possible delirium, dementia or depression or co-morbid conditions - Call a Ambulance - Refer to Behavioural Support Centre / Team

References:

NICE 2018. Older people: independence and mental wellbeing. NICE guideline. Published: 17 December 2015. nice.org.uk/guidance/ng32

Medical care of older persons in residential aged care facilities (Silver Book) (2006). Funded by the Australian Government Department of Health and Ageing. The Royal Australian College of General Practitioners, South Melbourne.

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