Mental Health Care for the Elderly in the community

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Why do we need community service for the care of elderly?

Model of care

Composition of the team

Challenges
Why do we need community service for the elderly?
Elderly are likely to have physical health and mental health problems including dementia.

The growth in numbers of people with dementia in high income countries and low and middle income countries.
According to Singapore National Mental Health Survey in 2003 prevalence of dementia and depression over the age of 60 were 5.2% and 3.1% respectively (Chiam et al 2004).
Mental illness in elderly

- Increased physical morbidity
- Greater obstacles in accessing mental health services.
- Stigma and social isolation
- Prefer to stay in their own homes.
- Caregiver burden

Complex problems due to mental, physical ill-health and socio-economic difficulties.

Economic impact on patient, family and community

Likely to become homebound causing considerable caregiver burden.
Model of care
Mental health services have evolved over time going through three periods
1. The rise of the asylum,
2. The decline of the asylum and the reform of mental health services
3. Then the current period of community-based and hospital-based services.
The aim is to provide treatment and care closer to home.

Balanced care approach

- Treatment, Care specific to the individual’s needs, diagnosis
- Consistent with Human rights
- Meet service user’s priorities
- Coordinate well between mental health professions and agencies.
- Be mobile rather than static.
- Address disabilities and symptoms

Thornicroft & Tansella 2002.
Models of Community care services for the elderly

- **Case management** – collaborative process.
- **Integrated care** - model to connect cure and care sectors
- **Consumer directed care** - what consumer wants.

- Systematic review by Low, Brodaty et al 2011, showed that case management model compares well as it
  1. Improves outcomes for frail elderly persons.
  2. Decreases nursing home admission.
  3. Reduces health care utilization.
What do our elderly ideally want/need?

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<th>Health</th>
<th>Social</th>
<th>Domestic assistance</th>
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<td>3. Transport</td>
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<td>4. Day care</td>
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Loving Hearts, Beautiful Minds
Case Management model

- Assessment
- Planning and facilitation
- Advocacy of services to meet individual’s care needs
- Coordination of resources
- Promote quality and cost effective outcomes
- Good communication

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APCATS
Aged Psychiatry Community Assessment and Treatment Service

Loving Hearts, Beautiful Minds
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A community-oriented psychogeriatric outreach service.

2 Programs

1. Clinical Service (CS)

2. Regional Eldercare Agencies Partnership (REAP)
1. Clinical Service

- Clinical Service started in Jan 2006 – pilot project.


- Funded by National Mental Health Blue Print – 2009 onwards
Objectives: Clinical Service

The service aims to:

• Provide mental health services to elderly with frailty or difficulties accessing mental health services.

• Prevent unnecessary admission and minimize the length of stay in inpatient mental health services.

• Promote ageing-in-place in the community by supporting caregivers and reduce the burden of care.
Team Composition

Medical
- Project Director/ Consultant Psychiatrist
- Junior doctor
- Case managers/clinical care coordinators (mostly nurses)

Allied Health
- Occupational Therapist
- Psychologist
- Medical Social Worker
- Physiotherapist

Administration
- Deputy Director
- Executive
- Administrative assistant
Networks

1. Voluntary sector
2. Palliative care/Hospice
3. Community Hospitals

Social Care Providers
1. Daycare centres
2. Nursing Homes
3. Neighbourhood Links
4. Family service centres

Health care Providers
1. Primary care-Polyclinics
2. Secondary care-General Hospitals
3. Tertiary Care-IMH, general hospitals

Community support
1. Home Medical
2. Home Help Services
3. HNF

APCATS
Percentage of Patients by Diagnoses

- Dementia: 55%
- Schizophrenia: 21%
- Depressive Disorder: 16%
- Others: 8%
Reduction in number of admissions

- 6 months before APCATS enrolment (79)
- 6 months after APCATS enrolment (79)
Length of stay in Hospital

- Total no' of inpatient days:
  - 6 months before APCATS enrolment (79): 840
  - 6 months after APCATS enrolment (79): 300

- Average length of stay/patient:
  - 6 months before APCATS enrolment (79): 6 months
  - 6 months after APCATS enrolment (79): 6 months
Regional Eldercare Agencies Partnership Program (REAP)
Under the National Mental Health Blueprint’s (2007 – 2012) provision to further enhance community services for the elderly,


- APCATS engages some of the community eldercare agencies (such as SACs, Neighbourhood Links, Day Centres, FSCs etc) in the Central part of Singapore to participate in this program.
REAP Program

• The multidisciplinary team provides free training for the staff and volunteers of participating agencies.

• Trained staff from participating partner agencies will screen their clients for depression and dementia.

• Training and supervision will be provided with an aim of empowering staff and volunteers to identify depression and dementia in the elderly early and to refer them for appropriate early intervention.
REAP Process

Initial Screening by Elder Care Agencies using AMT and EBAS

Positive

Negative

Refer to REAP -APCATS

Post-screening using MMSE and MADRS

Positive

Negative

Feedback to Eldercare Agency, Client and Family

Feedback to Eldercare Agency, Client and Family
Challenges: Finding answers
Older people are likely to become
Frail and lose autonomy.
Dependent on social and financial needs.
Future carers of the elderly?

- Visiting carers
  1. Family
  2. Home help service

- Living with Elderly
  1. Family
  2. Employed Carers

- Nursing Home
Financial burden

- Increased longevity may increase per capita health expenditure. **Measures needed to address this problem:**
  1. Policies to ensure availability of Public medical funds and social security programs.
  2. Availability of affordable community support services.
  3. Strategic planning for age and disability appropriate long-term care facilities.
  4. Improvement of the health status of the elderly with use of technological advances.
  5. Train and recruit a geriatric work force.
Crisis Intervention and Assertive outreach services

- Crisis intervention - To meet urgent needs of High risk patients - due to mental illness.
- Assertive outreach - For those who present with high risks but are likely to disengage with services.

What it requires is

- Lot more staff
- 24/7 availability
- Hotline /crisis help line
Crisis Intervention and Assertive outreach services

Challenges

• Need lot more trained staff to run such a service.
• Economic viability
Thank You

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