

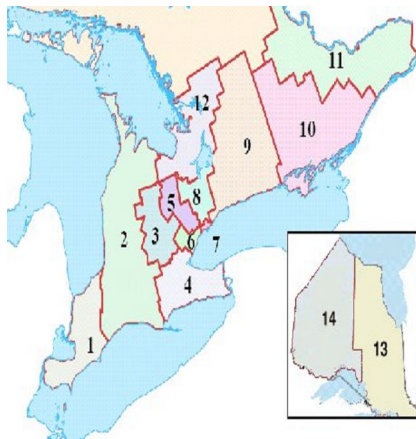
Geriatric Mental Health Outreach Programs

driven by needs...strengthened by partnerships

Monday April 27, 2009

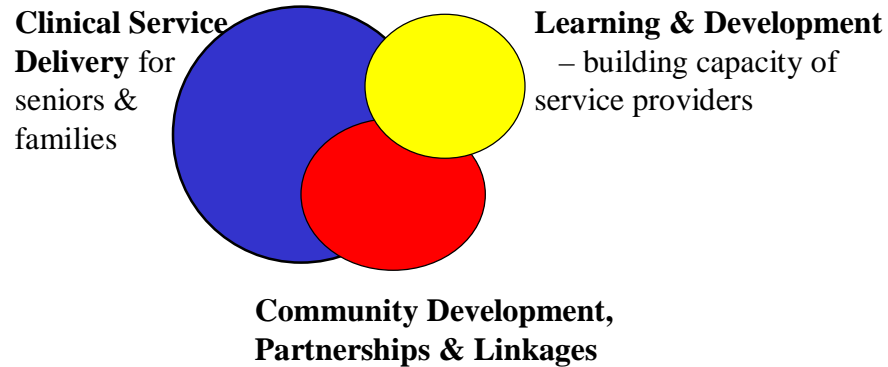
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Who are we?



- More than 20 year history in Ontario and are > 60 teams
- Vary in size, structure, funding, fit with local context, settings, specialty services or populations, formal partnerships
- MOHLTC policy document (Oct 2004)
 - Specialized Geriatric Mental Health Outreach Teams, Program Policy and Accountability Framework

“Triple Hat” Mandate



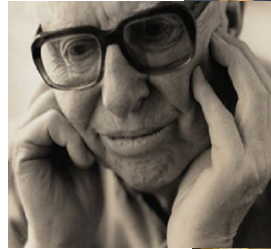
Geriatric Mental Health Outreach Programs



- Consultative in nature ... problem? perspectives?
- Assessment-focused ... underlying contributors?
- Shared-care & in partnership ... partner with primary care physician & others
- *Generally* short-term treatment h/o in the context of the needs of older adults (> time)
- Learning resource ... invest in capacity building
- Outreach ...home-based service

Who in LTC?

- Designed to be a **resource** to existing health providers to help respond to needs of older adults presenting with:
 - late-onset serious mental illness, cognitive disorders (e.g. dementias) and/or behavioural disturbances/ responsive behaviours
 - long-standing serious psychiatric disorders with age-related changes (e.g. complex, functional limitations)

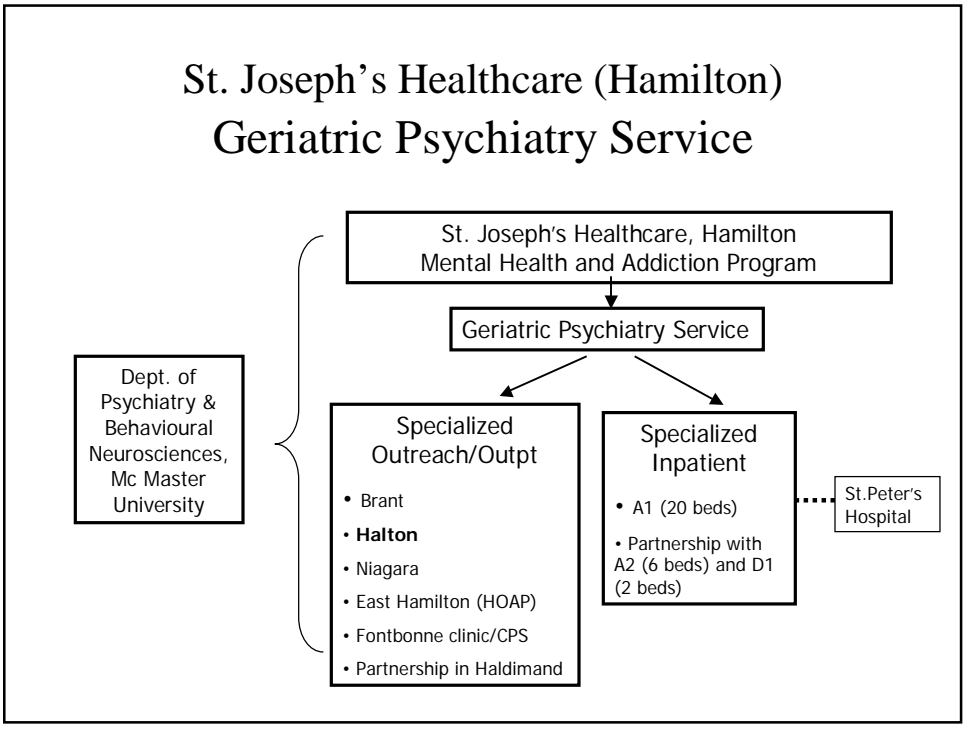


Responsive Behaviour in LTC & GMHOPs

- Models vary across regions in how GMHOs serve and partner with LTCHs
 - Indirect consultation
 - Bimonthly visits
 - Formal consultation
 - As needed and regular presence
 - Part of admission/discharge teams
- Varied relationships with existing specialty assessment units
 - Very limited to extensively linked pre, during and post ax
- Vary in referral themes and demand

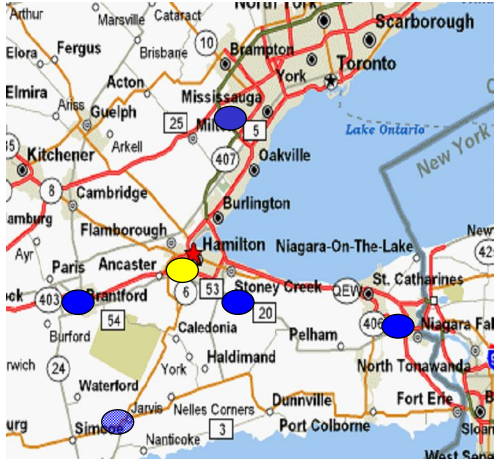


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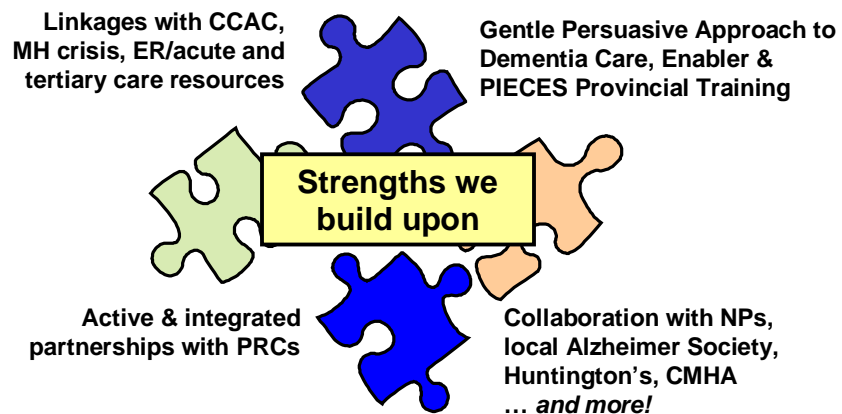


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regional role, local presence ...



Partnerships and Strengths



Behavioural Assessment In LTC



- Case manager assigned to LTCH – *relationship!*
- Referrals are clinically screened and prioritized
 - Build on strengths, share expectations, build capacity
- First line is assessment, treatment and stabilization in person's own home e.g. LTCH
- Evidence informed practice for direct service and capacity building
 - E.g. CCSMH Guidelines, performance improvement
- Have strong relationships with acute and tertiary resource
 - Active role in pre, during, leave of absence and upon discharge –back at LTCH
- Preparation, education & support of families (others) is critical! ...GMHO is skilled in transition work

A Few Thoughts & Considerations



- More “local” would be better for seniors & their families
- Flow – will always be a challenge and feel there will always have a need for long stay for very complex SMI seniors
- Current assessment timing of 45 days – artificial timeframe
- As GMHOPs flow across the continuum – strong asset to build on!
- Need to define administrative and clinical leadership competencies & capacity, clear mandate, fund appropriate staffing levels and **strengthen service links to GMHOPs**
 - How will they fit into current continuum?
 - Formal partnership agreements would be key
 - Performance indicators ... did we make a difference?
- Critical to create > opportunities for internal and external staff to learn, increase their confidence and skills related to complex mental illness
- Important to consider innovative project development & research ... develop good links to academic settings