

## AGED CARE PSYCHIATRY SERVICES

### CHAPTER 41

The patient population served by Aged Care Psychiatry comprises four main groups:

- consumers aged 65 years plus with a possible mental disorder presenting for the first time;
- consumers aged 65 years plus with chronic serious mental disorders who develop functionally significant age-related problems (medical, psychological and social);
- consumers aged less than 65 years (but generally more than 55 years) with a dementing disorder where aged care psychiatry services are most appropriate; and
- older people who may have chronic organic mental disorders with significant behavioural (endangering safety or resistant to previous appropriate interventions) or psychiatric complications.

In an estimate of decreasing order of frequency, patient sources are from: the general community, residential care facilities, general or aged care wards, adult mental health wards or Emergency Departments. Managing the acutely psychotic in ED requires a focused effort to provide appropriate facilities and service responsiveness. Clinical issues around dementia currently utilise over half of aged care psychiatry resources.

Services are currently sector-based services and there are two established aged care psychiatry services: Bankstown Hospital and Braeside Hospital. There is a developing service in Macarthur, which is also intended to service Wingecarribee Shire. There is informal co-operation between services in Fairfield, Liverpool, Macarthur and Wingecarribee.

Aged Care Psychiatry Services should cover clinical care, health promotion, carer support, education and research functions. Formal collaboration with the Area's integrated Aged Care and Rehabilitation services is undertaken. A range of aged care psychiatry services managers both aged care psychiatry inpatients and community patients: specific aged care psychiatry services, geriatric services, adult mental health services and community health services. The target population has a very high medical co-morbidity that would benefit from dual geriatric and aged care psychiatry clinical input.

The NSW Health Mental Health Clinical Care and Prevention Model proposes that, based on population projections, by 2011 SWSAHS should have 64 beds and 53.7 funded community FTE. This equates to increases of 129% and 270% respectively. However the figures were calculated with dementia patients excluded and the NSW Centre for Mental Health is evaluating the additional impact of this.

### Current Services

#### Bankstown Hospital

Ward 2D is the 20 bed 'psychogeriatrics' ward, with 12 beds for aged care psychiatry and 8 'swing beds' for aged care / psychogeriatrics. Medical staffing comprises one staff specialist (0.8 FTE) and one fractional VMO. The unit is in relatively close proximity to an acute adult mental health unit. In 2002/03, there were 403 separations in 2D (all patients) and 6,811 beddays, with an average LOS of 16.9 days and 93.3% occupancy.

### Braeside Hospital

The aged care psychiatry unit at Braeside is a non-acute unit comprising 16 beds. Increasingly acute patients are being managed there, particularly in terms of medical morbidity and aggressive behaviors. There are two staff specialists (1.5 FTE) and in 2002/03, activity was 142 separations and 5,186 beddays, at an average LOS of 36.5 days and with an occupancy rate of 88.8%.

### Campbelltown and Camden Hospitals

An 8-bed unit is being developed at Campbelltown Hospital, in conjunction with a 24-bed aged care ward. It is planned to open this combined facility in 2005. Current medical staffing for Campbelltown and Camden Hospitals is one staff specialist and one fractional VMO who also does monthly outreach at Wingecarribee.

### Bowral Hospital

Monthly outreach services are delivered by a fractional VMO from the Macarthur Aged Care Psychiatry team.

### Non-inpatient

There are three community aged care psychiatry teams: one each based at Bankstown, Braeside and Camden Hospitals.

**Table 41.1 Inpatient Activity Ward 2D Bankstown Hospital** (20 bed Ward: 12 psychogeriatric beds and 8 aged care beds)

|               | 2000/01 | 2001/02 | 2002/03 |
|---------------|---------|---------|---------|
| Separations   | 426     | 394     | 403     |
| Beddays       | 6,702   | 6,939   | 6,811   |
| Av LOS (days) | 15.7    | 17.6    | 16.9    |
| Occupancy     | 91.8%   | 95.1%   | 93.3%   |

**Table 41.2 Inpatient Activity Aged Care Psychiatry Ward Braeside Hospital** (16 beds)

|               | 2001/02 | 2002/03 |
|---------------|---------|---------|
| Separations   | 168     | 142     |
| Beddays       | 5,468   | 5,186   |
| Av LOS (days) | 32.5    | 36.5    |
| Occupancy     | 93.7%   | 88.8%   |

**Table 41.3 Occasions of Service (OOS) Data 2002/03**

| Location      | NAPOOS | Source   |
|---------------|--------|--|
| Bankstown     | 540    | Admissions/Discharge Book, Ward 2D via Draft Improving Older Persons' Mental Health Plan |
| Braeside *    | 2,200  | Braeside data submitted to SWSAHS  |
| Macarthur     | 204    | Macarthur ACAT via Draft Improving Older Persons' Mental Health Plan                     |
| Wingecarribee | 86     | Wingecarribee estimates via Draft Improving Older Persons' Mental Health Plan            |

\* Note Braeside data excludes activity of approx 1,000 NAPOOS by an RN seconded from Prairiewood CHC, and is prior to enhancements to the team. Internal Braeside statistics would suggest a likely total NAPOOS for 2003/04 of approx 7,000.

**Table 41.4 Mental Health Clinical Care and Prevention Model (MH-CCP) - Projected resource requirements to 2011: SWSAHS** (NB excludes resources required for care of people with dementia)

| Beds                        | Current     | 80% MHCCP in 2011 |
|-----------------------------|-------------|-------------------|
| Acute                       | 0           | 22                |
| Non-acute                   | 28          | 7                 |
| Psycho Geriatric            | 0           | 10                |
| Very long stay              | 0           | 24                |
| <b>TOTAL</b>                | <b>28</b>   | <b>64</b>         |
| <b>Funded Community FTE</b> |             |                   |
| Braeside                    | 6.6         | 21.2              |
| Bankstown                   | 3.4         | 13.9              |
| Macarthur-Wingecarribee     | 4.5         | 18.6              |
| <b>TOTAL</b>                | <b>14.5</b> | <b>53.7</b>       |

#### RECOMMENDATIONS

- Aged Care Psychiatry services be provided as an Area-wide service with inpatient aged care psychiatry services provided at three sites: Bankstown, Braeside and Campbelltown Hospitals. A smaller service be provided at Liverpool Hospital.
- Dementia specific beds be sought for the Area at locations to be determined. Specialty nursing and allied health staff be appointed.
- An Area position responsible for co-ordinating clinical governance, service quality and service co-ordination be developed.
- Community teams and multidisciplinary ambulatory teams be developed across the Area according to aged care population projections.